## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000048365

MMM BROKEN SOUND II, LLC



**FILED** May 01, 2007 08:00 A Secretary of State

Principal Place of Business

**6820 LYONS TECHNOLOGY CIR** 

SUITE 100 COCONUT CREEK, FL 33073 Mailing Address

**6820 LYONS TECHNOLOGY CIR** SUITE 100 COCONUT CREEK, FL 33073



04102007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    | Applied Fo        |
|----------------------------------|-------------------|
| 03-0561690                       | Not Applic        |
| 5. Certificate of Status Desired | \$5.00 Additional |

## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6. Name and Address of Current Registered Agent

**BUTTERS, MALCOLM** 

SIGNATURE:

## DO NOT WRITE

| SUITE 100  | CREEK, FL 33073   | IN THIS SPACE                                      |  |
|--|---|--|--|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |  |  |
| SIGNATURE  | Signature, typad or printed name of registered agent and title if applicable (NOTE: Registere | d Agent signature required when reinstalling) DATE |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |   |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIR SUITE 100 COCONUT CREEK, FL 33073             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | 800000751745<br>05/18/07-80114-016 50.00           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | DO NOT WRITE                                       |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  |   | IN THIS SPACE                                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |
| TIFLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee expressed to execute this report as required by Chapter 608, Florida Statutes. |   |  |  |