

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048470

Entity Name: MM 94.5, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

11030 BLUE JAY LANE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

11030 BLUE JAY LANE
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 20-2857019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERKS, CHRISTY S
50 SE FOURTH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LONG, CRAIG
Address: 11030 BLUE JAY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR () Delete
Name: LONG, ROBERT
Address: 11030 BLUE JAY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR () Delete
Name: LONG, DARRYL
Address: 11030 BLUE JAY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MONTI, ROBERT
Address: 11030 BLUE JAY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR (X) Change () Addition
Name: DEKA, DARYL
Address: 11030 BLUE JAY LANE
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CRAIG LONG

MGR

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date