2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

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Entity Name: MM & A REAL ESTATE, LLC

Current Principal Place of Business:

C/O STEVEN A. SCIARRETTA, P.A.
2300 GLADES ROAD, SUITE 302
BOCA RATON, FL 33431

New Principal Place of Business:

C/O STEVEN A. SCIARRETTA, P.A.
2799 NW BOCA RATON BLVD #203
BOCA RATON, FL 33431

Current Mailing Address:

C/O STEVEN A. SCIARRETTA, P.A.
2300 GLADES ROAD, SUITE 302
BOCA RATON, FL 33431

New Mailing Address:

C/O STEVEN A. SCIARRETTA, P.A.
2799 NW BOCA RATON BLVD #203
BOCA RATON, FL 33431

FEI Number: 20-2825621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCIARRETTA, STEVEN A
C/O STEVEN A. SCIARRETTA, P.A.
2300 GLADES ROAD, SUITE 302
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SCIARRETTA, STEVEN A
C/O STEVEN A. SCIARRETTA, P.A.
2799 NW BOCA RATON BLVD #203
BOCA RATON, FL 33431 US

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: _____ 04/27/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCIARRETTA, STEVEN A
Address: 2300 GLADES ROAD, SUITE 302-EAST
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

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

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: STEVEN SCIARRETTA MGR 04/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date