

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052311

Entity Name: M&M CREATIONS, LLC

FILED  
May 29, 2006  
Secretary of State

**Current Principal Place of Business:**

5812 WEST CAFFEY LANE  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

5812 WEST CAFFEY LANE  
HOMOSASSA, FL 34446 US

**New Mailing Address:**

FEI Number: 35-1526613      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RALPH, GEORGE M  
5812 WEST CAFFEY LANE  
HOMOSASSA, FL 34446 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: RALPH, GEORGE M  
Address: 5812 WEST CAFFEY LANE  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: MGR ( ) Delete  
Name: BRADHAM, MICKEY D  
Address: 5812 WEST CAFFEY LANE  
City-St-Zip: HOMOSASSA, FL 34446 US

**ADDITIONS/CHANGES:**

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

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: MICKEY D BRADHAM

MGR

05/29/2006

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