

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055478

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** M & M VENTURES OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

930 WILLISTON PARK POINT DRIVE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

4035 W 1ST ST LEASE  
SANFORD, FL 32771

**Current Mailing Address:**

930 WILLISTON PARK POINT DRIVE  
LAKE MARY, FL 32746

**New Mailing Address:**

1824 ALAQUA LAKES BLVD  
LONGWOOD, FL 32779

**FEI Number:** 20-2950800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOCTOR, JAMES J  
215 N. EOLA DRIVE  
ORLANDO, FL 32801 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: STANLEY, MICHAEL A  
Address: 8001 LOCKRIDGE COURT  
City-St-Zip: ORLANDO, FL 32835

Title: MR ( ) Change (X) Addition  
Name: LANG, MARK A  
Address: 1824 ALAQUA LAKES BLVD  
City-St-Zip: LONGWOOD, FL 32779

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:** MICHAEL A. STANLEY

MR.

04/30/2006

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