

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000086858**

1. Entity Name  
**M M M HOMES LLC**



Principal Place of Business

**3137 W 77 PL  
HIALEAH, FL 33018**

Mailing Address

**2423 QUENTIN AVE. S  
LEHIGH ACRES, FL 33971**

**DO NOT WRITE IN THIS SPACE**



01102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number

**01-0843511**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MIGUEL E  
3137 W 77 PL  
HIALEAH, FL 33018**

**DO NOT WRITE  
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-10-2007**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
RODRIGUEZ, MIGUEL E  
3137 W 77 PL  
HIALEAH, FL 33018**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
DE LA MONEDA, FRANCISCO  
3860 N SAN SEBASTIAN DR.  
TUCSON, AZ 85750**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
RODRIGUEZ, MIGUEL A  
2423 QUENTIN AVE. S.  
LEHIGH ACRES, FL 33971**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN00000589582  
01/17/07-80090-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone

**1-10-2007** 780-  
228-  
8931