

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 10, 2006 8:00 am
Secretary of State**

04-10-2006 90047 050 ****50.00

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|-------------------------------------|--|---|
| DOCUMENT # L05000101951 | |  |
| 1. Entity Name MML I, LLC | | |

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|---|---|
| Principal Place of Business 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 US | Mailing Address 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 US |
|---|---|

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|--|---------------------|--|--|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | | |
| 6. Name and Address of Current Registered Agent SCHIER, JAMES R 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |

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.

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| SIGNATURE Filing Fee Is \$50.00 Due by May 1, 2006 | (NOTE: Registered Agent signature required when reinstating) | DATE |
| | | Make check payable to Florida Department of State |

| | | | |
|--|--|--|---|
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *James R. Schier* **3/8/06 9413281034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #