2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) :...

## Mar 22, 2006 8:00 am Secretary of State DOCUMENT # L05000119400 03-08-2006 90043 019 \*\*\*\*50.00 1. Entity Name MMRT LLC Principal Place of Business Mailing Address 30002834 2730 SW 3RD AVE 2730 SW 3RD AVE MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOWMAN, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 2730 SW 3RD AVE 800 MIAMI FL 33129 Zip Code 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 SIGNATURE SHIPPING, HOLD OF PHILAD DEFINE OF PURPOSED AGREEMENT LIGHT CHARLEST (NOTE: Registered Agon) asynthias required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE F TITLE ☐ Change ■ Addition MGRM ☐ Delete LOWMAN, ROBERT M NAME NAME 2730 SW 3RD AVE STE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 TITLE Change ☐ Delete ■ Addition RDE MOCHAN, MELANIE STREET ACCRESS STREET ADDRESS 2730 SW 3RD AVE STE 800 CITY - ST- ZIP MIAMI FL 33129 CITY-ST-ZIP Delcte ITLE -Change Addition TITLE HALF NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Detete ☐ Addition nne NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - \$1 - 71P Change ☐ Addition Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 onth, 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. ROBERTM LOWMAN 305 856-8500

IG MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 



March 9, 2006

MMRT LLC 2730 SW 3RD AVE 800 MIAMI, FL 33129

Subject: MMRT LLC

Reference Number:

L05000119400

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION