

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT


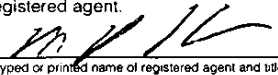
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11152007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000110174</b>					
1. Entity Name MLM COMPLETE LLC					
Principal Place of Business 6823 NW 218TH STREET ALACHUA, FL 32615			Mailing Address 6823 NW 218TH STREET ALACHUA, FL 32615		
2. Principal Place of Business - No P.O. Box # 6823 NW 218th St		3. Mailing Address 6823 NW 218th St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Alachua FL		City & State Alachua		4. FEI Number NOT APPLICABLE	
Zip 32615		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLAR, EDUARDO 14114 NW 142ND PLACE ALACHUA, FL 32615			7. Name and Address of New Registered Agent Name: Michael Hewitt Street Address (P.O. Box Number is Not Acceptable): 6823 NW 218th St City: Alachua FL Zip Code: 32615		
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: 				DATE: 11/13/07	
Amended AR is \$50.00				- Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CYBER STUDIOS INC 6823 NW 218TH STREET ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael Hewitt 6823 NW 218th St Alachua FL 32615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLAR, EDUARDO PO BOX 1046 ALACHUA, FL 32616	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900112461899 11/20/07--01040--001 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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: 