


**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 FEB -3 PM 1:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> <b>\$ 203.75</b>	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000079**

**MMR LIMITED COMPANY  
3870 NE SUGARHILL AVE.  
JENSEN BEACH FL 34957**

1a. Principal Place of Business Address

**3870 NE SUGARHILL AVE.  
JENSEN BEACH FL 34957**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>12/29/1994</b>	<b>FL</b>
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		<b>65-0561368</b>	
				5. Date of Last Report	6. Certificate of Status Desired
				<b>03/29/1996</b>	<input checked="" type="checkbox"/> \$6.75 Additional Fee Required

7. Name and Address of Current Registered Agent

**SHERMAN, ROBERT H  
3870 NE SUGARHILL AVE.  
JENSEN BEACH FL 34957**

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FISHER, MARILYN S	2502 FERNWOOD DR.	VIENNA VA
MGRM	SHERMAN, MICHAEL D	BOX 40, MCCAFFERY RD.	ENGLISHTOWN NJ
MGRM	SHERMAN, ROBERT H	3870 NE SUGARHILL AVE.	JENSEN BEACH FL

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**-02/05/97--01079--009**  
**\*\*\*\*\*203.75 \*\*\*\*\*203.75**

*Handwritten signature and date: 2/5/97*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #