LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91004 007 ****50.00

DOCUMENT	#	M0200000018	6
1 Entity Name			



1. Entity Nan	MMT, L.L.C.	. /					
	DO NOT WRITE	E IN THIS S	SPAC	E		3(063033
Principal Place of Business 6205 Peachtree Dunwoody Rd. 6205 Peachtree		ee Dunwoody Rd.				•	
Suite, Apt. #, etc. Suite, Apt. #, etc. Attn: Corp Tax Dept 12t		2th Flr	DO NOT WRITE IN THIS SPACE				
City & Stat Atlanta , (City & State City & State tlanta, GA Atlanta, GA				4. FEI Number 58-22025	95	Applied For Not Applicable
Zip 30328	Country USA	^{Zip} 30328	Count USA		5. Certificate of Status Desired		00 Additional Required
ورو پښتنده از واس	mariante de la constante de la	7-2-4		=Name - ਨ=	7. Name and Address of Curre		nt
DO NOT WRITE IN THIS SPACE			Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable)				
		PACE	1201 Hays				
•	3			City Tallaha		FL 3	Zip Code 32301
	named entity submits this statement f	or the purpose of changing	its registere	· · ·			
SIGNATURE	ions of registered agent. Signature, typed or printed name of registered agen	t and bite if applicable. Make Check Pay	FEE IS		ant of State	DATE	
		Side and the second state of the second state	DUE BY		ent or otate		
9. TITLE	MANAGING MEMB		TITLE				
NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Cox Salesrep, In 6205 Peachtree Dunwood Atlanta, GA 30328		NAME Stree				CR2E083B (1202
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1			CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			STREE		DO NOT	WRITE	
TITLE #/ NAME STREET ADDRESS CITY-ST-ZIP				1	IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	 	Profession of the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP		***************************************					
11. I hereby of indicated limited liai	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	h this filing does not qualify I that my signature shall have e empowered to execute the	for the exem ve the same his report as	nption stated in S legal effect as if required by Cha	section 119.07(3)(i), Florida Statutes made under oath; that I am a man pter 608, Florida Statutes.	a. I further certify the aging member or n	at the information *

SIGNATURE: WELL WELL PROJUCT D. DELITER.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/03 678-645-0000