

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000003515
1. Entity Name
MMI DINING SYSTEMS, LLC



Principal Place of Business Mailing Address
1000 RED FERN PLACE 1000 RED FERN PLACE
FLOWOOD, MS 39232 FLOWOOD, MS 39232



04182006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ Number 64-0839020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NORRIS, GUY W
253 NW MAIN BLVD.
LAKE CITY, FL 32055

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STURDIVANT, GAINES P 1000 RED FERN PLACE FLOWOOD, MS 39232
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05/17/06-80136-007 50.00

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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: *Guy W. Norris* #/21/06 601-936-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone If