


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M05000001606  
1. Entity Name  
**M & M INVESTMENTS, LLC**



Principal Place of Business  
2201 ARLINGTON AVENUE SOUTH  
BIRMINGHAM, AL 35205

Mailing Address  
2201 ARLINGTON AVENUE SOUTH  
BIRMINGHAM, AL 35205



**DO NOT WRITE IN THIS SPACE**

01102006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>63-1279708</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT GORDON METHVIN, JR. 2201 ARLINGTON AVENUE SOUTH BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIP WARREN MCCALLUM 2201 ARLINGTON AVENUE SOUTH BIRMINGHAM, AL 35205
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110000024093  
01/24/06-80021-024 50.00

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: R.G. Methvin - Member 1/10/06 205-939-0199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #