


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # M05000001606 1. Entity Name <b>M &amp; M INVESTMENTS, LLC</b>	
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Principal Place of Business <b>2201 ARLINGTON AVENUE SOUTH          BIRMINGHAM, AL 35205</b>	Mailing Address <b>2201 ARLINGTON AVENUE SOUTH          BIRMINGHAM, AL 35205</b>
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02012007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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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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, 2007**

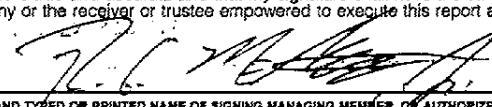
U00000620486  
 02/09/07-80040-004 50.00

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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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:**  **2/1/07** **205-939-0199**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #