2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010579

1. Entity Name

MKCM, L.L.C.

Principal Place of Business	Mailing Address
129 SEMINOLE AVENUE PALM BEACH FL 33480	129 SEMINOLE AVENUE PALM BEACH FL 33480

967697

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3281 OLEANDER AVENUE	3281 OLEANDER AVENUE
Suite, Apt. #, etc. **C-3**	Suite, Apt. #, etc. **C-3**
City & State **FT PIERCE FL**	City & State **FT PIERCE**
Zip **34982** Country **USA**	Zip **34982** Country **USA**

4. FEI Number **52-2326569** — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFMANN, MAXMILIAN
129 SEMINOLE AVENUE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name: **JEFF BROWN**
Street Address (P.O. Box Number is Not Acceptable):
750 SOUTH DIXIE HIGHWAY
City **BOCA RATON** FL Zip Code **33432**

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.

SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **3-11-02**

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS	10.	ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE **PRESIDENT & CEO** NAME **CHARLES T MAY** STREET ADDRESS **74 15 NE 8TH COURT** CITY-ST-ZIP **BOCA RATON FL 33487**	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE **SECRETARY TREASURER** NAME **MAXMILLIAN KAUFMANN** STREET ADDRESS **129 SEMINOLE AVENUE** CITY-ST-ZIP **PALM BEACH, FL 33480**	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

11. I 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 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: _____ **CHARLES T. MAY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **2·27·2002**   Daytime Phone # **800.530.5056**