


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED

2007 APR 30 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001007			
1. Entity Name MBKK PROPERTIES, LTD.			
Principal Place of Business 455 LONGBOAT CLUB ROAD #PH4 LONGBOAT KEY, FL 34228		Mailing Address 711 S. OSPREY AVE., SUITE 1 SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04122007 Chg-LP CR2E003 (12/06)

4. FEI Number 54-2064268		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  <del>MORAN, JOHN A</del> DUNLAP & MORAN, P.A. 1990 MAIN STREET STE 700 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name KAUFFMAN, GARY, ESQ. Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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

*Gary Kauffman*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000018660	STREET ADDRESS	
NAME	MK PROPERTIES OF SRQ, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	455 LONGBOAT CLUB ROAD #PH4		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		
DOCUMENT #		STREET ADDRESS	300101976453
NAME		CITY-ST-ZIP	05/09/07--01048--015 **\$500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Mark Kauffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/20/07 941-383-3220

STAPLE CHECK HERE