2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

TALLAHASSEE, FLORIDA DOCUMENT # A02000001007 08 MAY -1 AM 8: 19 MBKK PROPERTIES, LTD. Principal Place of Business Mailing Address 455 LONGBOAT CLUB ROAD #PH4 711 S. OSPREY AVE., SUITE 1 LONGBOAT KEY, FL 34228 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 711 S. OSPREY AVE. te, Apt. #, etc Suite, Apt. #, etc. 04162008 Chg-LP CR2E003 (12/06) STE City & State City & State 4. FEI Number Applied For 54-2064268 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAUFFMAN, GARY Street Address (P.O. Box Number is Not Acceptable) DUNLAP & MORAN, P.A. 1990 MAIN STREET STE 700 SARASOTA, FL 34236 City Zip Code FL 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 Signature, typed or printed name of registered agent and title it applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 ADDRESS CHANGES ONLY 13. DOCUMENT # _ L02000018660 STREET ADDRESS MK PROPERTIES OF SRQ, L.L.C. STREET ADDRESS 455 LONGBOAT CLUB ROAD #PH4 CITY-ST-ZIP -CITY-ST-ZIP LONGBOAT KEY, FL 34228 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

FILED SECRETARY OF STATE

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