

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015674
AT

DOCUMENT # A02000001007



1. Entity Name
MBKK PROPERTIES, LTD.

FILED

03 MAY -2 PM 1:49

Principal Place of Business
455 LONGBOAT CLUB ROAD #PH4
LONGBOAT KEY FL 34228

Mailing Address
455 LONGBOAT CLUB ROAD #PH4
LONGBOAT KEY FL 34228



2. Principal Place of Business

3. Mailing Address
1937 GOLF STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
SARASOTA FL

4. FEI Number
54-2064268

Applied For
Not Applicable

Zip Country

Zip Country
34236 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAN, JOHN A
DUNLAP & MORAN, P.A.
22 SOUTH LINKS AVENUE, SUITE 300
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

9. Capital Contributions
as Shown on record. \$0.00

10. Amount of Capital Contributions
in FLORIDA to date. \$2,963,000

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
NAME MK PROPERTIES OF SRQ, LLC.
STREET ADDRESS 455 LONGBOAT CLUB ROAD #PH4
CITY-ST-ZIP LONGBOAT KEY FL 34228

STREET ADDRESS 300017915963
CITY-ST-ZIP 05/02/03--01110--016 **2276.25

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CITY-ST-ZIP

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

SIGNATURE:

Michael Kent Auman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/03 941-383-3220

Date

Daytime Phone #

CRZE003 (10/02)

STAPLE CHECK HERE