


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Jan 18, 2006 08:00 AM  
Secretary of State**

DOCUMENT # A04000000375		
1. Entity Name MEK INVESTORS, LLLP		

Principal Place of Business 356 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	Mailing Address 356 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01072006 No Chg-LP      CR2E003 (11/05)

4. FEI Number 20-0843256	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146

**DO NOT WRITE  
IN THIS SPACE**

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 (if applicable)

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KENDALL, M. ELENA 356 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
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TRUNKUS40341  
01/23/06-80024-007.50.00

STAPLE CHECK HERE

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:       Date: 1/16/06      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER