


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 FEB -6 AM 9:58

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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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



01162007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-0843256	Applied For 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	
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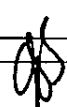
7. Name and Address of Now Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

**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 #	KENDALL, M. ELENA 356 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	400087875204 02/09/07--01048--028 **500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE