


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90049 020 ****50.00

DOCUMENT # L01000004023	
1. Entity Name MK ENTERPRISES OF CHARLOTTE, L.L.C.	

Principal Place of Business 329 E. OLYMPIA AVE. C/O MELVYN J. KATZEN PUNTA GORDA, FL 33950	Mailing Address P.O. BOX 510983 PUNTA GORDA, FL 33951
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24054231



2. Principal Place of Business		3. Mailing Address 77 Tropicana Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Punta Gorda, FL	
Zip	Country	Zip 33950	Country

03312004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1139317		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KATZEN, MELVYN N 329 E. OLYMPIA AVE. PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name: Katzen, Melvyn Street Address (P.O. Box Number is Not Acceptable): 77 Tropicana Drive City: Punta Gorda FL Zip Code: 33950	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO KATZEN, M.J. P.O. BOX 510983 PUNTA GORDA, FL 33951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Melvin Katzen 20 April 2004 771-6151986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #