

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90078 012 ***143.75

DOCUMENT # L01000006677

1. Entity Name
M.K.T. HOLDINGS, LLC



Principal Place of Business
**653 CANDLEWOOD WAY
MELBOURNE, FL 32940**

Mailing Address
**653 CANDLEWOOD WAY
MELBOURNE, FL 32940**

600000865



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3714260

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOOLEY, DAVID
653 CANDLEWOOD WAY
MELBOURNE, FL 32940**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MORRELL, MARJORIE A
STREET ADDRESS	289 SANDY RUN
CITY- ST- ZIP	MELBOURNE, FL 32940
TITLE	MGR
NAME	KENDUST, RICK A
STREET ADDRESS	3247 CAPPJO DR
CITY- ST- ZIP	MELBOURNE, FL 32940
TITLE	MGR
NAME	TOOLEY, DAVID R
STREET ADDRESS	653 CANDLEWOOD WAY
CITY- ST- ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

David R Tooley 1-7-08 321-481-6702