


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90009 032 \*\*\*\*50.00

<b>DOCUMENT # L01000018746</b>	
1. Entity Name <b>MKP, LLC</b>	

Principal Place of Business <b>131 S. FEDERAL HIGHWAY, #7 BOCA RATON FL 33432</b>	Mailing Address <b>131 S. FEDERAL HIGHWAY, #7 BOCA RATON FL 33432</b>
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2. Principal Place of Business <b>28 S.E. 4th Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>28 S.E. 4th Street</b> Suite, Apt. #, etc.
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City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33432</b>	Country <b>U.S.A.</b>

4. FEI Number <b>65-1149043</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KAPLAN, PETER M 131 S. FEDERAL HIGHWAY, #7 BOCA RATON FL 33432</b>	
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7. Name and Address of New Registered Agent Name <b>Peter M. Kaplan</b> Street Address (P.O. Box Number is Not Acceptable) <b>28 S.E. 4th Street</b> City <b>Boca Raton</b> FL Zip Code <b>33432</b>	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KAPLAN, PETER M</b>		NAME	
STREET ADDRESS <b>7031 ISLEGROVE PL</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **Peter M. Kaplan, Pres. 4/25/05 561-362-4242**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #