


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90020 010 ***138.75

DOCUMENT # L01000018746	
1. Entity Name MKP, LLC	

Principal Place of Business 28 S.E. 4TH STREET BOCA RATON, FL 33432	Mailing Address 28 S.E. 4TH STREET BOCA RATON, FL 33432
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60046521



2. Principal Place of Business - No P.O. Box # 450 NE 20th Street	3. Mailing Address 450 NE 20th Street
Suite, Apt. #, etc. Suite 111	Suite, Apt. #, etc. Suite 111
City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip 33431	Country U.S.A.

08132008 Chg-LLC CR2E083 (12/06)

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

6. Name and Address of Current Registered Agent KAPLAN, PETER M 28 S.E. 4TH STREET BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Peter M. Kaplan Street Address (P.O. Box Number is Not Acceptable) 450 NE 20th Street Suite 111 City Boca Raton FL Zip Code 33431
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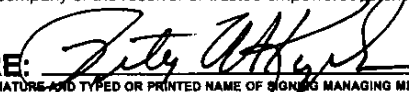
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

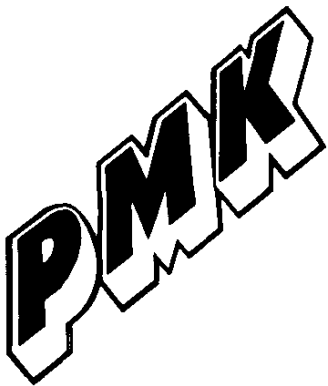
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPLAN, PETER M 7031 ISLEGROVE PL BOCA RATON, FL 33433 <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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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

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:  **Peter M. Kaplan, Registered Agent** 8/20/08 561-362-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT

60046521

August 20, 2008

Division of Corporations
Annual Report
P.O. Box 6478
Tallahassee, FL 32314

Re: 2008 Limited Liability Company Annual Report
MKP LLC - Document #L01000018746

Gentlemen:

I have never received any notice requesting payment for the above subject company annual fee. The first written notification of this matter that I received came in the form of a postcard entitled "Notice of Intent to Dissolve."

Therefore I am enclosing a check in the amount of \$138.75 along with a signed copy of the Annual Report.

Very truly yours,

MKP, LLC

Peter M. Kaplan, Registered Agent

Enc/via FedEx

PMK INTERNATIONAL LTD., INC.

Licensed Real Estate Broker & Investments

450 NE 20th Street

Suite 111

Boca Raton, FL 33431

(561) 362-4242