2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBED OF AUTHORIZED DEDDSCENTATIVE

DOCUMENT #L01000021524

1. Entity Name MKN INVESTORS, LLC



Principal Place of Business

1560 S DIXIE HWY

SIGNATURE:

STE 209 CORAL GABLES, FL 33146 Mailing Address

1560 S DIXIE HWY STE 209

CORAL GABLES, FL 33146

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90024 005 ****50.00

20038546



04262006 No Chg-LLC

CR2E083 (11/05)

W/20/N

6700065

Daytime Phone #

4. FEI Number 04-3646636

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAGG, K LAWRENCE

200 S. BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131

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SIGNATURE Signature. Process printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OAT		
Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	111111111111111111111111111111111111111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARR RESIDENTIAL I LLC 1560 S. DIXIE HIGHWAY, SUITE 209 CORAL GABLES, FL 33146	DO NOT WRITE IN THIS SPACE
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		

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.