

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90021 010 ****50.00

DOCUMENT # L02000005916

1. Entity Name

MK MERKEL LAND DEVELOPMENT, LLC



Principal Place of Business

900 S. DELANEY AVE.
ORLANDO FL 32801

Mailing Address

900 S. DELANEY AVE.
ORLANDO FL 32801

2. Principal Place of Business

1211 Howell Creek Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

FL

Zip

32708

Country

USA

Zip

Seemed

Country

Seemed

1st MOORE

CR2E083 (10/05)

4. FEI Number

01-0695329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, JOHN V
900 S. DELANEY AVE.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

John Murray

Street Address (P.O. Box Number is Not Acceptable)

1211 Howell Creek Dr

City

Winter Springs,

FL

Zip Code

32708

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 \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MURRAY, JOHN V
STREET ADDRESS 900 S. DELANEY AVE.
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 60B, Florida Statutes.

SIGNATURE:

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

407-5749885

1/28/06