

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006914

FILED
Feb 27, 2007
Secretary of State

Entity Name: MPK, LLC

Current Principal Place of Business:

4800 SW 80TH AVENUE
OCALA, FL 34481

New Principal Place of Business:

4804 SW 80TH AVENUE
OCALA, FL 34481

Current Mailing Address:

4800 SW 80TH AVENUE
OCALA, FL 24481

New Mailing Address:

4804 SW 80TH AVENUE
OCALA, FL 34481

FEI Number: 03-0435184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TSELIKIS, PETER
758 MUSA DRIVE
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

BERGROTH, JUERGEN
4804 SW 80TH AVENUE
OCALA, FL 34481 US

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.

SIGNATURE: JUERGEN BERGROTH

02/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KREYSA, PATRICK
Address: 4800 SW 80TH AVENUE
City-St-Zip: Ocala, FL 34481

Title: MGR () Delete
Name: KREYSOVA, MARTINA
Address: 4800 SW 80TH AVENUE
City-St-Zip: Ocala, FL 34481

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KREYSA, PATRICK
Address: 4804 SW 80TH AVENUE
City-St-Zip: Ocala, FL 34481

Title: MGR (X) Change () Addition
Name: KREYSOVA, MARTINA
Address: 4804 SW 80TH AVENUE
City-St-Zip: Ocala, FL 34481

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUERGEN BERGROTH

POA

02/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date