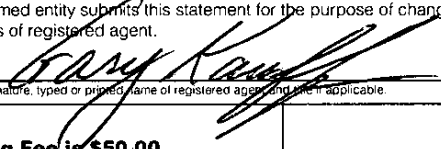
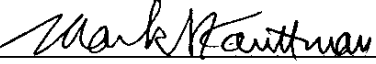


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90050 021 \*\*\*\*50.00

<b>DOCUMENT # L02000018660</b> 1. Entity Name <b>MK PROPERTIES OF SRQ, L.L.C.</b>					
Principal Place of Business <b>455 LONGBOAT CLUB ROAD, #PH4 LONGBOAT KEY, FL 34228</b>			Mailing Address <b>711 S. OSPREY AVE, STE 1 SARASOTA, FL 34236</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>711 S. OSPREY AVE, STE 1</b> Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-2064273</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORAN, JOHN A ESQ. DUNLAP &amp; MORAN, P.A. 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name <b>KAUFFMAN, GARY ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1990 MAIN ST., SUITE 700</b> City <b>FL</b> Zip Code	
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>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAUFFMAN, MARK S 455 LONGBOAT CLUB ROAD, #PH4 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACASKILL, JOHN D 1416 CEDAR BAY LANE SARASOTA, FL 34231	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 			Date <b>4/20/07</b> Daytime Phone # <b>941-383-5220</b>		