

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018660

Entity Name: MK PROPERTIES OF SRQ, L.L.C.

FILED  
Feb 17, 2009  
Secretary of State

## Current Principal Place of Business:

455 LONGBOAT CLUB ROAD, #PH4  
LONGBOAT KEY, FL 34228

## New Principal Place of Business:

711 S. OSPREY AVE.  
STE. 1  
SARASOTA, FL 34236

## Current Mailing Address:

711 SOUTH OSPREY AVE  
SUITE 1  
SARASOTA, FL 34236

## New Mailing Address:

FEI Number: 54-2064273      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAUFFMAN, GARY ESQ  
1990 MAIN ST  
SUITE 700  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

KAUFFMAN, GARY ESQ  
1990 MAIN ST  
SUITE 700  
SARASOTA, FL 34236 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: GARY KAUFFMAN

02/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KAUFFMAN, MARK S  
Address: 455 LONGBOAT CLUB ROAD, #PH4  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGR ( ) Delete  
Name: MACASKILL, JOHN D  
Address: 1416 CEDAR BAY LANE  
City-St-Zip: SARASOTA, FL 34231

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK S. KAUFFMAN

MGR

02/17/2009

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