

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031272

FILED
Jan 19, 2004
Secretary of State

Entity Name: MKRCK, LLC

Current Principal Place of Business:

2765 REBECCA LANE, SUITE A
ORANGE CITY, FL 32763

New Principal Place of Business:

2765 REBECCA LANE, SUITE C
ORANGE CITY, FL 32763

Current Mailing Address:

2765 REBECCA LANE, SUITE A
ORANGE CITY, FL 32763

New Mailing Address:

2765 REBECCA LANE, SUITE C
ORANGE CITY, FL 32763

FEI Number: 06-1662146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIETRICH, D. PAUL II
37 NORTH ORANGE AVE., SUITE 200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SMITH, WILLIAM T
Address: 2765 REBECCA LANE, SUITE A
City-St-Zip: ORANGE CITY, FL 32763

Title: MGRM () Delete
Name: SMITH, JODI
Address: 2765 REBECCA LANE, SUITE A
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, WILLIAM T
Address: 2765 REBECCA LANE, SUITE C
City-St-Zip: ORANGE CITY, FL 32763

Title: MGRM (X) Change () Addition
Name: SMITH, JODY
Address: 2765 REBECCA LANE, SUITE C
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM T. SMITH

MGRM

01/19/2004

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