

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019665

FILED
Apr 24, 2006
Secretary of State

Entity Name: MRK KEYS, LLC

Current Principal Place of Business:

5450 SOUTHWEST 115TH AVENUE
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

5450 SOUTHWEST 115TH AVENUE
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 86-1069861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUGENT, MARK
5450 SW 115TH AVE
COOPER CITY, FL 33330 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/MANAGERS:

Title: MGR () Delete
Name: NUGENT, MARK
Address: 5450 SOUTHWEST 115TH AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: MGR () Delete
Name: VARGAS, KELLY
Address: 5450 SOUTHWEST 115TH AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: MGR () Delete
Name: PHANORD, ROGER
Address: 5450 SOUTHWEST 115TH AVENUE
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES:

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

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 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: ROGER PHANORD

MGR

04/24/2006

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