

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036643

Entity Name: M.K.P.D., L.L.C.

FILED  
Apr 26, 2005  
Secretary of State

**Current Principal Place of Business:**

9001 HIGHLAND WOODS BLVD., SUITE 4  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

9001 HIGHLAND WOODS BLVD., SUITE 4  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCHARRIS, JOSEPH M  
9001 HIGHLAND WOODS BLVD., SUITE 4  
BONITA SPRINGS, FL 34135 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: MCHARRIS, JOSEPH M  
Address: 9001 HIGHLAND WOODS BLVD., SUITE 4  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM ( ) Delete  
Name: KOSINSKI, JOSEPH C  
Address: 9001 HIGHLAND WOODS BLVD., SUITE 4  
City-St-Zip: BONITA SPRINGS, FL 34135

**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 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: JOSEPH MCHARRIS

MGR

04/26/2005

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