## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000042992**

M.A.K. ACQUISITIONS, LLC

**FILED** Apr 14, 2005 08:00 AM Secretary of State

Principal Place of Business

1919 N STATE RD 7

POMPANO BEACH, FL 33063

Mailing Address

1919 N STATE RD 7

POMPANO BEACH, FL 33063



02012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2412286

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

K & M HOLDINGS, LLC 1919 N STATE RD 7

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

204 POMPANO BEACH, FL 33063

## DO NOT WRITE IN THIS SPACE

	:			
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.	Signsture, typed or printed name of registered agent and title if applicable.	(NOTE: Regultered Agent signature required when rehatsling)	DATE	
Fi De	ling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALBUENA, ADONIS 1919 N STATE RD 7 SUITE 204 POMPANO BEACH, FL 33063		Unnano304717 04/14/05-80053-019.50.00 <b>DO NOT WRITE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM K & M HOLDINGS, LLC 1919 N STATE RD 7 SUITE 204 POMPANO BEACH, FL 33063			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	IN	IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP	1			

11. I hereby certify that the information supplied with this filling does not qualify 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 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 808, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE