

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000000514

1. Entity Name
MRK PROPERTIES, LLC



Principal Place of Business
400 CASEY KEY ROAD
NOKOMIS, FL 34275

Mailing Address
2516 WAUKEGAN RD., #336
GLENVIEW, IL 60025



01272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0775602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOHL-HELBIG, LAUREN
1800 SECOND STREET STE. 901
SARASOTA, FL 34236

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JEM HOLDINGS INC
STREET ADDRESS	1840 E. RIDGEWOOD
CITY-ST-ZIP	GLENVIEW, IL 60025
TITLE	MGRM
NAME	JRD PROPERTIES, INC.
STREET ADDRESS	2909 GLENBRIAR PLACE
CITY-ST-ZIP	ST. CHARLES, IL 60174
TITLE	MGRM
NAME	CAMERON INVESTMENTS LTD
STREET ADDRESS	34 W. 793 ARMY TRAIL ROAD
CITY-ST-ZIP	WAYNE, IL 60184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 609, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1/31/05 (847) 486-0055