

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024084

Entity Name: MKM PROPERTIES, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

9117 HOGAN ROAD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

60 SURFVIEW DRIVE
UNIT 515
PALM COAST, FL 32137 US

Current Mailing Address:

9117 HOGAN ROAD
JACKSONVILLE, FL 32216 US

New Mailing Address:

60 SURFVIEW DRIVE
UNIT 515
PALM COAST, FL 32137 US

FEI Number: 20-0978830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MELODY L
60 SURVIEW DRQ
UNIT 510
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

WILLIAMS, MELODY L
60 SURVIEW DRQ
UNIT 515
PALM COAST, FL 32137 US

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:

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, MELODY
Address: 60 SURFVIEW DR #515
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Delete
Name: GRAZIOSO, KEN
Address: 60 SURFVIEW DR # 615
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: LIFF, MICHAEL
Address: 9117 HOGAN RD
City-St-Zip: JACKSONVILLE, FL 322146

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GRAZIOSO, KEN
Address: 60 SURFVIEW DR # 515
City-St-Zip: PALM COAST, FL 32137

Title: MGRM (X) Change () Addition
Name: LIFF, MICHAEL
Address: 9117 HOGAN RD
City-St-Zip: JACKSONVILLE, FL 32216

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: MELODY L. WILLIAMS

MGRM

04/28/2006

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