2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000047585

1. Entity Name
MK II, LLC

Principal Place of Business	Mailing Address
140B NORTH ONE DRIVE ST. AUGUSTINE, FL 32095	140B NORTH ONE DRIVE ST. AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE

01252006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
13-4283110	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KILLEBREW, JESSE P
140B NORTH ONE DRIVE
ST. AUGUSTINE, FL 32095

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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, 2006

L0N000404398
02/06/06-80044-021 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KILLEBREW, JESSE P
STREET ADDRESS	140B NORTH ONE DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	MGRM
NAME	MCCUMBER, GARY M
STREET ADDRESS	140B NORTH ONE DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #