

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90015 031 \*\*\*\*50.00

**DOCUMENT # L04000057486**

1. Entity Name  
**MK PROPERTIES OF SARASOTA, L.L.C.**



Principal Place of Business  
**1925 OLD WILLOW ROAD  
NORTHFIELD, IL 60093**

Mailing Address  
**1925 OLD WILLOW ROAD  
NORTHFIELD, IL 60093**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**20-1449525**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KAISER, GEORGE  
1925 OLD WILLOW ROAD  
NORTHFIELD, IL 60093** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JOSEPH E. MILES  
1840 E RIDGEWOOD LN  
GLENVIEW IL 60025** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 608, Florida Statutes.

**SIGNATURE:**

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

**GEORGE KAISER 7/6/05 (847) 784-1390**

Date

Daytime Phone #