2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065407

1. Entity Name

MKK ENTERPRISES, LLC

FILED
Apr 27, 2007 08:00 AM
Secretary of State

Principal Place of Business 1113 PARRILLA DE AVILA TAMPA, FL 33613 Mailing Address 212 E CASS ST

212 E CASS ST TAMPA, FL 33602 US



DO NOT WRITE IN THIS SPACE

01152007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2752814

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P 315 SOUTH HYDE PARK AVENUE HINES NORMAN HINES, P.L. TAMPA, FL 33606

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, 2007

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P KHAN, MASOOD K 212 E CASS ST TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
THILE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000737872 05/11/07-80045-011 50.00

DO NOT WRITE IN THIS SPACE

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:

houd

- han

4/24/07

(8/3) 985-2890

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

Date

Devtime Phone #