2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT					FILED SECRETARY OF STATE				
DOCUMENT # L04000065407						DIVISI	URETAR' ION OF C	Y OF STA ORPORA	RTE TIONS
1. Entity Nam MKK ENT	FERPRISES, LLC					08 M	IAY 22	AM II:	23
Principal Plac	e of Business	Mailing Address							
	LLA DE AVILA	212 E CASS ST	LIC.						
TAMPA, FL	33613	TAMPA, FL 33602	US					4 4(4)) = 110 (55	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					03112008	Chg-LLC	CR2E08	33 (12/06)	
City & Stat	° F(,	City & State			4. FEI Numbe 20-2752				plied For
Zip	Country	Zip Country		try		of Status Desired		5.00 Add	t Applicable litional
3360	6. Name and Address of Current F	Registered Agent		I 		Address of New Ri		ee Required	d
Name					7. Waine allu	Address of Hew Ki	egistereu A	gent	
HINES, JAMES P 315 SOUTH HYDE PARK AVENUE HINES NORMAN HINES, P.L.				Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33606								T = . = .	
				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									
wyr work. When or some or reflection of the subsection (ACTC registrate what substitute radinate west (sessing) DATE									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State								•	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
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CITY-ST-ZIP	Cortify that the information assembled with	this filing does not available.		-ST-ZIP	in Chanter 140. 7	Borida Statutes 14:	ther costife	that the int-	rmatics
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: Many C. 18an 4/25/08 8/3 985 7899									
JIJUA	SIGNATURE AND TYPED OR MINTED NAME OF	SIGNING MANAGING MEMBER, MAI	AGER, OR	AUTHORIZED REPRESE		Date		ylame Phone if	

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