


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90024 017 \*\*\*\*50.00

<b>DOCUMENT # L04000079390</b> 1. Entity Name <b>MCKK PROPERTY ACQUISITIONS, LLC</b>					
Principal Place of Business <b>975 6TH AVENUE SOUTH, SUITE 200</b> <b>NAPLES, FL 34102</b>			Mailing Address <b>975 6TH AVENUE SOUTH, SUITE 200</b> <b>NAPLES, FL 34102</b>		
2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 200</i>			3. Mailing Address Suite, Apt. #, etc. <i>Suite 200</i>		
City & State _____			City & State _____		
Zip _____		Country _____		4. FEI Number <b>32-0130153</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KRUCHTEN, DEMIAN</b> <b>975 6TH AVENUE SOUTH, SUITE 200</b> <b>NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>		
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>KRUCHTEN, K. PATRICK</b> <b>PENTHOUSE ONE, 140 PALM STREET</b> <b>MARCO ISLAND, FL 34145</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>KRUCHTEN, DEMIAN M</b> <b>975 6TH AVENUE SOUTH, SUITE 200</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MONTENEGRO, CALIXTO</b> <b>800 5TH AVENUE SOUTH, SUITE 203</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>CARR, BRUCE</b> <b>46164 LITTLE PINE LOOP</b> <b>PERHAM, MN 56573</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Demian M Kruchten</i> 04-20-06 (239) 775-8962</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT

20042266

MCKK PROPERTY ACQUISITIONS, LLC

975 Sixth Avenue So., Suite 200  
Naples, Florida 34102-6753

April 20, 2006

Division of Corporations  
Florida Department of State  
P. O. Box 6198  
Tallahassee, Florida 32314

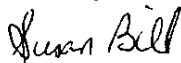
Re: Document #L04000079390  
MCKK Property Acquisitions, LLC

To Whom It May Concern:

Enclosed is check #1059 in the amount of \$50 for the 2006 annual report filing fee for MCKK Property Acquisitions, LLC.

If you have any questions or comments, please feel free to call our office at (239) 775-8962.

Sincerely,



Susan J. Bill

Copy: A\P File

Telephone: (239) 775-8962 FAX: (239) 793-6971