2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State 01-23-2006 90135 028 ****50.00

DOCUMENT # L05000016673 1. Entity Name MKB, L.L.C.					01-23-2006 90135 028 ****50.00				
Principal Place of Business Mailing Address					4	~∪∪∪,	TITU		
399 SNOW DRIVE		399 SNOW DRIVE							
FORT MYERS		FORT MYERS, FL 33919							
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2. Principal F	Place of Business	3. Maiting Address			-				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162006	Chg-LLC	CR2E08	33 (11/05)	
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Uny a state		City & State		4. FEi Numbe	35041)			oplied For ot Applicable	
Zip Country		Zip Country		ry	\$5.00				
			<u> </u>		5. Cermicate	or Status Desired		ee Require	
	6. Name and Address of Current F	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent	
ERICKSO	N. KENNETH D			Name					
399 SNOV	V DRIVE	Street Address		(P.O. Box Number is Not Acceptable)					
FORT MY	ERS, FL-33919		ŀ						
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	,	,		City			FL	Zip Code	e
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or registe	red agent, or bot	h, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State				
Fi D	iling Fee is \$50.00 ue by May 1, 2006						•	-	e
Fi D	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.				Departme	-	e
9.	MANAGING MEMBER	RS/MANAGERS	TITLE			Florida	Departme	-	e Addition
9. IITLE NAME	MANAGING MEMBER MGRM ERICKSON, KENNETH D		TITLE NAME			Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM ERICKSON, KENNETH D 399 SNOW DRIVE		TITLE NAME STREE	T ADDRESS		Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBER MGRM ERICKSON, KENNETH D	☐ Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP		Florida	Departme	Change	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM ERICKSON, KENNETH D 399 SNOW DRIVE FORT MYERS, FL 33919		TITLE NAME STREE	T ADDRESS ST-ZIP		Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM ERICKSON, KENNETH D 399 SNOW DRIVE FORT MYERS, FL 33919 MGRM BOLEBRUCH, MICHAEL 5716 FLAMINGO DRIVE	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP		Florida	Departme	Change	Addition
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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

1/17/06

239-340-2227