2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000019371

Entity Name: MKM PROPERTY INVESTMENTS, LLC

Current Principal Place of Business:

2160 WEST HIGHWAY 434, SUITE 100
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160097
ALTAMONTE SPRINGS, FL 327160097

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BIERLY, JOHN M JR.
P.O. BOX 160097
ALTAMONTE SPRINGS, FL 327160097 US

Name and Address of New Registered Agent:

BIERLY, JOHN M JR.
126 HAMLIN T. LN.
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: _____ 05/01/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BIERLY, JOHN M JR
Address: P.O. BOX 160097
City-St-Zip: ALTAMONTE SPRINGS, FL 327160097

Title: MGR ( ) Delete
Name: BIERLY, JOHN M SR
Address: 126 HAMLIN T. LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN M BIERLY, JR MGR 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date