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Jun 21, 2006 8:00 am
Secretary of State
04-28-2006 90019 009 ****50.00

4/28/200

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000048675

1. Entity Name
2633 MLK, LLC

30010843

Principal Place of Business	Mailing Address
39 TARNAPOLL RD EMERSON, NJ 07630	39 TARNAPOLL RD EMERSON, NJ 07630

04052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
8771 College Parkway	P.O. Drawer 60205
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc.
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33919 Country USA	Zip 33906 Country USA

4. FEI Number
20-3447655
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD. SUITE 101 FT. MYERS, FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. ~~Managing Members~~ MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP Marie Bader Greco 77 Golden Eye Lane Port Monmouth, NJ 07758 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member Stanley A. Stouder ~~P.O. Box 6132~~ ~~Fort Myers Beach, FL 33932~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ~~8771 College Pkwy, Ste 101~~ ~~Fort Myers, FL 33919~~ ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 8771 College Parkway Ste 101 Fort Myers, FL 33919 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE: Stan Stouder 4/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date