

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-10-2006 90104 003 ****50.00

DOCUMENT # L05000063442 1. Entity Name MIK, L.L.C.					
Principal Place of Business P.O. BOX 49586 SARASOTA, FL 34230			Mailing Address P.O. BOX 49586 SARASOTA, FL 34230		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05042008 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3064621				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SAVARY, JOHNSON'S JR. 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name <u>Marvin Kaplan</u> Street Address (P.O. Box Number/s Not Acceptable) <u>50 Central Ave</u> <u>Unit 1702</u> City <u>Sarasota</u> FL Zip Code <u>34236</u>		
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 <u>[Signature]</u> Mgr. DATE <u>5/15/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (Indicate Registered Agent signature required when reappointing))</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAPLAN, MARVIN P.O. BOX 49586 SARASOTA, FL 34230 <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	
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>5/15/06</u> Daytime Phone # <u>941-587-9000</u>		