


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90318 038 ****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 - No P.O. Box # 50 Central Ave		3. Mailing Address	
Suite, Apt. #, etc. #1702		Suite, Apt. #, etc.	
City & State Sarasota, Florida		City & State	
Zip 34236	Country USA	Zip	Country
6. Name and Address of Current Registered Agent KAPLAN, MARIA 50 CENTRAL AVE. UNIT 1702 SARASOTA, FL 34236		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Handwritten Signature]

4/25/07

941-587-9000