2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #L05000116128

1. Entity Name MKM 1, LLC

FILED Jul 10, 2007 08:00 AM Secretary of State

Principal Place of Business

643 RIVER OAKS PARKWAY SAN JOSE, CA 59134 Mailing Address

643 RIVER OAKS PARKWAY SAN JOSE, CA 59134



 \Box

07022007 No Chg-LLC

CR2E083 (11/05)

4. FE Number 20-3883284 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

INFANTE, ZUMPANO, HUDSON & MILOCH, LLC 2801 PONCE DE LEON BLVD. STE. 1280 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when rolinslating)

DATE

Filing Fee is \$50.00 Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	MGRM MASKATIYA, AMIN 85 ORCHIDS HILL ATHERTON, CA 94027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASKATIYA, VALI 85 ORCHIDS HILL ATHERTON, CA 94027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATH, NAEEM 7244 FISHER ISLAND DRIVE MIAMI, FL 33109
TITLE NAME STREET ADDRESS CITY-SY-ZIP	
Title Name Street Address City-ST-ZIP	
Title Mame Street Address City-ST-ZIP	

U00000767677 07/10/07-80014-005 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 cath; 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, OR AUTHORIZED REPRESENTATIVE

ya 7/3/07

408922-063

Daytime Phone