


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000051450	
1. Entity Name MKM ENTERPRISES, L.L.C.	

Principal Place of Business 12344 WILES RD. CORAL SPRINGS, FL 33076	Mailing Address 12344 WILES RD. CORAL SPRINGS, FL 33076
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4903389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CAULEY, MICHAEL L 12344 WILES RD CORAL SPRINGS, FL 33076

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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.

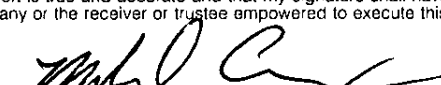
SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLA, KENNETH 9736 S.W. 188 TERRACE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAULEY, MICHAEL L 4664 N.W. 122 DRIVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAULEY, MICHAEL E 4790 LAFAYETTE PLACE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, 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 the owner, 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:  REPRESENTATIVE Date: 3/31/08 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER