

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 16, 2007 8:00 am
Secretary of State

04-27-2007 90031 049 ****50.00

DOCUMENT # L06000067565 1. Entity Name MIKDOT BEACH GP, LLC					
Principal Place of Business 7395 GULF BLVD. SUITE 3 ST. PETE BEACH, FL 33706			Mailing Address 7395 GULF BLVD. SUITE 3 ST. PETE BEACH, FL 33706		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-5215822				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03282007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent VANCE, CAROL A ESQ. 411 55TH AVENUE ST. PETE BEACH, FL 33706			7. Name and Address of New Registered Agent Name MICHAEL J. HORAN, Jr. Street Address (P.O. Box Number is Not Acceptable) 7395 GULF BLVD. # 3 City ST. PETE BEACH FL Zip Code 33706		
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 <i>Michael J. Horan, Jr.</i> <small>Signature, typed or printed name of registered agent and the 4 applicable</small>			DATE 4-25-2007 <small>(NOTE: Registered Agent signature is required when resigning)</small>		
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/ <input type="checkbox"/> Delete MIKDOT FAMILY, LLLP 7395 GULF BLVD., SUITE 3 ST. PETE BEACH, FL 33706		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	
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	
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	
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	
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	
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: <i>Michael J. Horan, Jr.</i> 4/25/07 (727) 367-6361 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					