2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L06000076660** 02-08-2007 90139 029 ****50.00 MAK REAL ESTATE SERVICES LLC Mailing Address Principal Place of Business 357 SE CORK ROAD 357 SE CORK ROAD 60013985 PORT ST. LUCIE, FL 34984 PORT ST. LUCIE, FL 34984 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FFI Number Y Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRECHBILL, MARK Street Address (P.O. Box Number is Not Acceptable) 215 SOUTH FEDERAL HIGHWAY SUITE 100 STUART, FL 34994 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 famillar 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) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITI F ☐ Change ☐ Addition KORKUC, MARY ANN NAME NAME STREET ADDRESS 357 SE CORK ROAD STREET ADDRESS CITY-ST-7IP PORT ST. LUCIE, FL 34984 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TTTLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

2/5/07

CICMATURE.

FILED

Feb 08, 2007 8:00 am