

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085301

Entity Name: MAKB, LLC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

110 S. JACARANDA CC DRIVE  
#200  
PLANTATION, FL 33324

**New Principal Place of Business:**

1503 SE PRESTWICK LANE  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

110 S. JACARANDA CC DRIVE  
#200  
PLANTATION, FL 33324

**New Mailing Address:**

1503 SE PRESTWICK LANE  
PORT ST. LUCIE, FL 34952

FEI Number: 27-0951557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEAD, KATHLEEN A  
110 S. JACARANDA CC DRIVE  
#200  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

MEAD, KATHLEEN A  
1503 SE PRESTWICK LANE  
PORT ST. LUCIE, FL 34952 US

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.

SIGNATURE: KATHLEEN A MEAD

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MEAD, KATHLEEN A  
Address: 1503 SE PRESTWICK LANE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MRG  
Name: MARAIS, BRIEON M  
Address: 5160 POOKS HILL ROAD, #42  
City-St-Zip: BETHESDA, MD 20814

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN A MEAD

MGR

04/27/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date