

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000072179

Entity Name: MMKA 4, L.L.C.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11512 LAKE MEAD AVENUE, SUITE 523  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

11512 LAKE MEAD AVENUE, SUITE 523  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 27-2997335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHOENBORN, MARK  
11512 LAKE MEAD AVENUE, SUITE 523  
JACKSONVILLE, FL 32256 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: SCHOENBORN, MARK DR  
Address: 11512 LAKE MEAD AVE # 523  
City-St-Zip: JACKSONVILLE, FL 32256

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: MARK SCHOENBORN

PRES

04/20/2011

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