

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003156

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** FLORIDA DKM, L.L.C.

**Current Principal Place of Business:**

SUITE 402  
1005 GULF BLVD.  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

164 CLEARWATER-LARGO ROAD  
LARGO, FL 33770

**Current Mailing Address:**

SUITE 402  
1005 GULF BLVD.  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

PO BOX 804  
1005 GULF BLVD.  
INDIAN ROCKS BEACH, FL 33785

**FEI Number:** 03-0384350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EHLEN, MICHAEL  
SUITE 402  
1005 GULF BLVD.  
INDIAN ROCKS BEACH, FL 33785

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

EHLEN, MICHAEL  
PO BOX 804  
INDIAN ROCKS BEACH, FL 33785

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: \_\_\_\_\_

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: EHLEN, MICHAEL A  
Address: SUITE 402, 1005 GULF BLVD.  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EHLEN, MICHAEL A  
Address: PO BOX 804  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: MICHAEL A EHLEN

MGRM

04/30/2004

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