2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058264

ANNIS, MICHAEL D

TAMPA, FL 33609

3314 WEST MULLEN AVE

Name:

Address:

City-St-Zip:

Entity Name: DKM DEVELOPMENT, LLC

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 601 N ASHLEY DR 390 TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** 3225 S MACDILL AVE. 129-318 TAMPA, FL 33629 FEI Number: 20-1465710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: F&LCORP ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete MINDER, GREGORY J Name: Name: 601 N ASHLEY ST., #600 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BEARD, RICHARD A III Name: Address: 601 N ASHLEY DR. #390 Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGR () Delete Title: () Change () Addition TAGGART, JOSEPH W SR Name: Name: 16401 AVILA BOULEVARD Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: () Delete Title: MGR Title: () Change () Addition Name: GARDNER, J. STEPHEN Name: 101 S FRANKLIN ST., #101 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD A BEARD III MGR 04/27/2009