

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000004252

1. Entity Name
DKR REALTY, LLC



Principal Place of Business
717 S. OCEAN BLVD.
POMPANO BEACH, FL 33062

Mailing Address
717 S. OCEAN BLVD.
POMPANO BEACH, FL 33062



01062006No Chg-LLC

CR2E083 (11/05)

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4. FBI Number
05-0508633

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MANZELLI, DOMINIC
717 S. OCEAN BLVD.
POMPANO BEACH, FL 33062

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IN THIS SPACE**

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 familiar 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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MANZELLI, RICHARD A
STREET ADDRESS	545 CAMP DIXIE ROAD
CITY-ST-ZIP	PASCOAG, RI 02859
TITLE	MGR
NAME	MANZELLI, KETHLEEN E
STREET ADDRESS	545 CAMP DIXIE ROAD
CITY-ST-ZIP	PASCOAG, RI 02859
TITLE	MGR
NAME	MANZELLI, DOMINIC
STREET ADDRESS	717 S. OCEAN BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000382529
01/12/06-80014-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #