

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000947

**FILED**  
**Jan 08, 2009**  
**Secretary of State**

**Entity Name:** DKB LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

4296 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4296 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 56-2282547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.  
50 NORTH LAURA ST., STE. 2750  
JACKSONVILLE, FL 32202 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

**GENERAL PARTNER INFORMATION:**

Document #: L02000013589  
Name: DKB MANAGEMENT ENTERPRISES, LL  
Address: 4296 RIPKEN CIRCLE EAST  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MICHAEL CASSIS

VP

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date