

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 AUG 14 AM 9:52

DOCUMENT # A03000001046

1. Entity Name
 DKLK, LTD.



Principal Place of Business
 2920 STONEWALL PLACE
 SANFORD, FL 32773

Mailing Address
 2920 STONEWALL PLACE
 SANFORD, FL 32773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number
 20-0232944

Applied For
 Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, DONNIE
 2920 STONEWALL PLACE
 SANFORD, FL 32773

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	DONNIE KING & DONNA L KING AS TEN. BY ENT.	CITY-ST-ZIP	
STREET ADDRESS	2920 STONEWALL PLACE		
CITY-ST-ZIP	SANFORD, FL 32773		
DOCUMENT #		STREET ADDRESS	4000078391604
NAME		CITY-ST-ZIP	08/22/06--01027--016 **350.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	4000078391604
NAME		CITY-ST-ZIP	08/22/06--01027--017 **158.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4128106 4013224511
 Date Daytime Phone #