
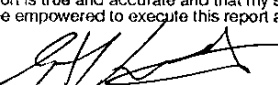


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000001378					
1. Entity Name DK ALPHA, LLLP					
Principal Place of Business 5811 PELICAN BAY BLVD., #600 NAPLES, FL 34119			Mailing Address 5811 PELICAN BAY BLVD., #600 NAPLES, FL 34119		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAMONT NEIMAN INTERIAN & BELLET, P.A. 2 SOUTH BISCAYNE BLVD., SUITE 3550 MIAMI, FL 33131			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$20,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$20,000,000.00			
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 #	P04000121687		STREET ADDRESS		
NAME	DK ALPHA CORP		CITY-ST-ZIP		
STREET ADDRESS	5811 PELICAN BAY BLVD., #600				
CITY-ST-ZIP	NAPLES, FL 34119				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS				000054668830 05/17/05--01029--014 **526.25	
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 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 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: 		A. Stephen Kotler, President DK Alpha Corp, General Partner		4/25/05 (239)598-1221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

FILED
 05 APR 29 AM 7:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

MK



04142005 Chg-LP CR2E003 (10/03)

4. FEI Number
20-1537562

Applied For
Not Applicable

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

STAPLE CHECK HERE