


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Apr 06, 2006 08:00 AM
Secretary of State**

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



02092006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1537562

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMONT NEIMAN INTERIAN & BELLET, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 3550
MIAMI, FL 33131

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

| | |
|----------------|------------------------------|
| DOCUMENT # | P04000121687 |
| NAME | DK ALPHA CORP |
| STREET ADDRESS | 5811 PELICAN BAY BLVD., #600 |
| CITY-ST-ZIP | NAPLES, FL 34119 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000495117
04/20/06-80071-014 500.00

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IN THIS SPACE**

STAPLE CHECK HERE

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 Date Daytime Phone #

A. Stephen Kotler, General Partner