2007 LIMITED PARTNERSHIP ANNUAL REPORT

STAPLE

SIGNATURE:

NATURE AND TYPED OR

RINTED NAME OF

Due By May 1, 2007 2007 MAY 10 PM 11: 38 DOCUMENT # A05000001361 SECRETARY OF STATE TALLAHASSEE, FLORIDA DKC INVESTMENTS, LLLP Principal Place of Business Mailing Address 1206 EAST RIDGEWOOD STREET 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262007 CR2E003 (12/06) Chg-LP City & State City & State Applied For 4. FFI Number 20-3145971 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRYANT, CARLA D 1206 EAST RIDGEWOOD STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32803 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # L05000067707 STREET ADDRESS DKC ENTERPRISES, LLC NAME STREET ADDRESS 1206 EAST RIDGEWOOD STREET CITY-ST-ZIP CITY-ST-7IP ORLANDO, FL 32803 **DOCUMENT #** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

3-7-2007

Date

GENERAL PARTNER

FILED