2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPURT (AR)					FILED		
DOCUMENT # L0000003888 1. Entity Name					Feb 25, 200 Secretar	04 08:00 ry of State	AM e
POOR FO	DLKS, LLC					y or state	
Principal Place of Business Mailing Address				. I			
1369 40TH AVE. NE 1369 40TH ST. PETERSBURG FL 33703 ST. PETERS			33703				
2. Principal f	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.		MOORE C	CR2E083 (11/03)	· · · · · · · · · · · · · · · · · ·	
City & State		City & State		4. FEI Number 59-3678951		pplied For ot Applicable	
Zip	Country	Zip	Cou	ntry	5. Certificate of Status Desired	\$5.00 Add	ditional
	6. Name and Address of Current	Registered Agent		T	7. Name and Address of New Reg		· · · · ·
				Name			
FISCHER, JAMES W 1369 40TH AVE. N.E. ST. PETERSBURG FL 33703				Street Address (P.O. Box Number is Not Acceptable)	100	· · · · · · · · · · · · · · · · · · ·
				City	· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	le
8. The above the obligation	named entity submits this statement for tions of registered agent.	or the purpose of changing it	s register	red office or register	red agent, or both, in the State of Florid	a I am familiar with,	and accept
SIGNATURE	Signature, typod or printed name of registered agent	and title if applicable (NO	TE Registeri	od Agent signature required	when reinstating)	DATE	
			· · · · · ·	FEE IS \$50.00	Name (Notes)		
		Make Check Payal			nt of State		
		Du	ie By M	ay 1, 2004	a transfer and ear		
9.	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/CH	IANGES	
TITLE	MGR	☐ Oelete	_ 1771	1		☐ Change	☐ Addition
NAME STREET ADDRESS	FISCHER, JAMES W 1369 40TH AVE. NE		NAA CTD	4E EET ADDRESS	U000000663	:UU	
CITY-ST-ZIP	ST. PETERSBURG FL 33703			C-ST-ZIP	02/26/04-8001	Õ-006 55.00	=
TITLE		☐ Delete	1171	£		☐ Change	☐ Addition
NAME			NAN	18			
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS			
TITLE		☐ Delete	TITE	-ST-ZIP		Chann	T Addition
NAME	·	East Delete	NAN	4		Change	Addition
STREET ADDRESS			STR	EET ADDRESS			
CITY-ST-ZIP		<u></u>	CITY	-ST-ZIP			-
TITLE		☐ Delete	TITL	i i		☐ Change	☐ Addition
NAME STREET ADDRESS			NAM STRI	ie Eet address			
CITY-\$T-ZIP				-ST-ZIP			
TITLE		☐ Delete	TITL	E E		☐ Change	☐ Addition
NAME.			NAM	IE		<u> </u>	
STREET ADDRESS CITY-ST-ZIP			4	EET ADDRESS ST-ZIP			
TITLE		☐ Delete	TITL			Channa	
NAME		TT Delete	NAV			☐ Change	☐ Addition
STREET ADDRESS			STR	EET ADDRESS			
CITY-ST-ZIP				-ST · ZIP			
11. I hereby of indicated limited lia	certify that the information supplies with on this report is true and accurate and bility company or the receiver or truste	this filing does not qualify for that my signature shall have e empowered to execute this	or the exe the same report as	mption stated in Se e legal effect as if m s required by Chapt	ction 119.07(3)(i), Florida Śtatutes. I fur rade under cath; that I am a managing er 608, Florida Statutes.	ther certify that the in member or manage	oformation or of the

SIGNATURE: James Jacob Jacob MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date