

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000013701

1. Entity Name
DKO INVESTMENTS, L.L.C.



Principal Place of Business
1924 WEST PRINCETON STREET
ORLANDO, FL 32804

Mailing Address
1924 WEST PRINCETON STREET
ORLANDO, FL 32804



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681658

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MICHAEL S
1924 WEST PRINCETON STREET
ORLANDO, FL 32804

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KOBRIN, HARVEY
STREET ADDRESS	1924 WEST PRINCETON STREET
CITY- ST- ZIP	ORLANDO, FL 32804
TITLE	MGR
NAME	DAVIS, MICHAEL S
STREET ADDRESS	1818 GIPSON GREEN LAN
CITY- ST- ZIP	WINTER PARK, FL 32789
TITLE	MGR
NAME	O'BRIEN, PATRICK
STREET ADDRESS	4330 REFLECTIONS PKWY
CITY- ST- ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000380544
01/11/06-80019-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

M Davis

1-4-06

4078431000

Date

Daytime Phone #