

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90149 024 ****50.00

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

DO NOT WRITE IN THIS SPACE



02212007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KOBRI, HARVEY
1924 WEST PRINCETON STREET
ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DAVIS, MICHAEL S
1818 GIPSON GREEN LAN
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
O'BRIEN, PATRICK
4330 REFLECTIONS PKWY
SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 2-21-07

Date

Daytime Phone #

407-
843-1000