

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 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



04172008 No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000908928
05/06/08-80049-015 138.75

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
DAVIS, MICHAEL S
1818 GIPSON GREEN LANE
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

**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

Michael Davis
4-18-08 407-843-1000

Date

Daytime Phone #