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FILED
May 01, 2002 8:00 am
Secretary of State

02-07-2002 90171 014 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008082

1. Entity Name
DK & K HOLDINGS, LLC

Principal Place of Business 1701 E. STADIUM BLVD. ANN ARBOR MI 48104	Mailing Address 1701 E. STADIUM BLVD. ANN ARBOR MI 48104
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2. Principal Place of Business 1101 GULF BREEZE PKWY Suite, Apt. #, etc. Suite 5	3. Mailing Address 1101 GULF BREEZE PKWY Suite, Apt. #, etc. SUITE 5
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City & State GULF BREEZE, FL	City & State GULF BREEZE, FL	4. FEI Number 01-0627840	Applied For <input type="checkbox"/> Not Applicable
Zip 32561	Country SANTA ROSA	Zip 32561	Country SANTA ROSA



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

VILA, OSCAR J
2100 SALZEDO STREET
SUITE 300
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **FL** Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME MGR ANDRUS, DENNIS STREET ADDRESS 1701 E. STADIUM BLVD. CITY-ST-ZIP ANN ARBOR MI 48104	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E063 (8/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: *S. Andrus* **REQUIRED** 2-4-02 850-449-1023

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #