

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 04, 2006  
Secretary of State**

DOCUMENT# L01000020399

Entity Name: DNTK, LLC

**Current Principal Place of Business:**

700 PASS-A-GRILLE WAY  
ST. PETE BEACH, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 66024  
ST. PETE BEACH, FL 33706 US

**New Mailing Address:**

FEI Number: 02-0610762      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CRIPPEN, DAVID W  
700 PASS-A-GRILLE WAY  
ST. PETE BEACH, FL 33706 US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: CRIPPEN, DAVID W  
Address: 700 PASS-A-GRILLE WAY  
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: LYONS, ALPHA L  
Address: 700 PASS-A-GRILLE WAY  
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: ERTZ, ALEXANDER L III  
Address: 700 PASS-A-GRILLE WAY  
City-St-Zip: ST PETE BEACH, FL 33706

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID W CRIPPEN

MGRM

05/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date