

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007756

FILED
Apr 14, 2009
Secretary of State

Entity Name: DKORP PROPERTIES, L.L.C.

Current Principal Place of Business:

679 E. KEY AVE.
EUSTIS, FL 32726 US

New Principal Place of Business:

2890 EUDORA RD.
EUSTIS, FL 32726 US

Current Mailing Address:

679 E. KEY AVE.
EUSTIS, FL 32726 US

New Mailing Address:

2890 EUDORA RD.
EUSTIS, FL 32726 US

FEI Number: 02-0602160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERKAIK, DARYL J
679 E. KEY AVE.
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

VERKAIK, DARYL J
2890 EUDORA RD.
EUSTIS, FL 32726 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: DARYL J. VERKAIK

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VERKAIK, DARYL J
Address: 679 E. KEY AVE.
City-St-Zip: EUSTIS, FL 32726 US

Title: MGRM () Delete
Name: VERKAIK, KRISTINE G
Address: 679 E. KEY AVE.
City-St-Zip: EUSTIS, FL 32726 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VERKAIK, DARYL J
Address: 2890 EUDORA RD.
City-St-Zip: EUSTIS, FL 32726 US

Title: MGRM (X) Change () Addition
Name: VERKAIK, KRISTINE G
Address: 2890 EUDORA RD.
City-St-Zip: EUSTIS, FL 32726 US

I hereby certify that the information supplied with this filing does not qualify 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: DARYL J. VERKAIK

MGRM

04/14/2009

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