


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90018 021 ****50.00

DOCUMENT # L02000013589 1. Entity Name DKB MANAGEMENT ENTERPRISES, LLC	
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Principal Place of Business 4296 RIPKEN CIRCLE EAST JACKSONVILLE, FL 32224	Mailing Address 4296 RIPKEN CIRCLE EAST JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE



04112006No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0616452	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORSTEIN, CHARLES A <i>9000 CYPRESS GREEN DR #106</i> 9110 CYPRESS GREEN DR, #107 JACKSONVILLE, FL 32256 <i>32256</i>
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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.
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SIGNATURE: <i>Charles A. Borstein</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>4-17-06</i> <small>Date</small>	<i>904-662-7130</i> <small>Daytime Phone #</small>
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