

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000013589

1. Entity Name
DKB MANAGEMENT ENTERPRISES, LLC



Principal Place of Business
4296 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224

Mailing Address
4296 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224



04132007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0616452

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
50 LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BORSTEIN, CHARLES A
STREET ADDRESS	900 CYPRESS GREEN DR #106
CITY- ST- ZIP	JACKSONVILLE, FL 32256

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
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CITY- ST- ZIP	

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05/01/07-80025-019 50.00

**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

4/14/07

Date

904-731-0354

Daytime Phone #