


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90002 003 \*\*\*\*50.00

<b>DOCUMENT # L02000031740</b>	
1. Entity Name D2K, L.L.C.	

Principal Place of Business 11701 - 46 SAN JOSE BLVD., #46 JACKSONVILLE, FL 32223	Mailing Address P.O. BOX 350688 JACKSONVILLE, FL 32235-0688
---	---

**DO NOT WRITE IN THIS SPACE**

01142004 No Chg-LLC CR2E083 (10/03)



4. FEI Number 51-0435593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KHOSROWZADEH, BARRY 11701 - 46 SAN JOSE BLVD JACKSONVILLE, FL 32223 <i>KHOSROWZADEH</i>
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHOSROWZADEH, BARRY P.O. BOX 350688 JACKSONVILLE, FL 322350688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARABI, FARZIN P.O. BOX 350688 JACKSONVILLE, FL 322350688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:**  **4/28/04** **(904)260-3080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*BARRY KHOSROWZADEH*  
*MANAGER*