


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000031740**

1. Entity Name  
**D2K, L.L.C.**



Principal Place of Business      Mailing Address

11701 - 46 SAN JOSE BLVD., #46      P.O. BOX 350688  
 JACKSONVILLE, FL 32223      JACKSONVILLE, FL 32235-0688



**DO NOT WRITE IN THIS SPACE**

03292005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>51-0435593</b>	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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**


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
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 05/04/05-80100-022 50.00

**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:**  **BARRY KHOSROWZADEH** 4/28/05 (904) 280-3080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #