


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000031740**  
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**



02062006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>51-0435593</b>	Applied For Nat 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**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KHOSROWZADEH, BARRY P.O. BOX 350688 JACKSONVILLE, FL 322350688</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DARABI, FARZIN P.O. BOX 350688 JACKSONVILLE, FL 322350688</b>
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05/08/06-80003-016 50.00

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:** \_\_\_\_\_ **4/20/06** **(904) 260-3080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #