

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 01, 2007 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



03262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0435593	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

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, 2007

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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05/21/07-80003-018 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: FARZIN DARABI 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #