

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/23/2003-90023-039-\$50.00-\$50.00

0007374

DOCUMENT # L02000031740



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

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4167 LEEWARD POINT
JACKSONVILLE FL 32225

Mailing Address
P.O. BOX 350688
JACKSONVILLE FL 32235-0688 ✓



2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.
46

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

51-0435593

Applied For

Not Applicable

Zip
32223

Country
FLORIDA

Zip

32235

Country
U.S.A

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEARDSLEY, DALE A ESQ
4595 LEXINGTON AVE., STE. 100
JACKSONVILLE FL 32210-2058

7. Name and Address of New Registered Agent

Name: BARRY KHOSROWZADEH
Street Address (P.O. Box Number is Not Acceptable): 11701-46 SAN JOSE BLVD
City: Jacksonville, FL Zip Code: 32223

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]
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

9/15/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR KHOSROWZADEH, BARRY P.O. BOX 350688 JACKSONVILLE FL 32235-0688	<input type="checkbox"/>
MGR DARABI, FARZIN P.O. BOX 350688 JACKSONVILLE FL 32235-0688	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/15/03 (904) 260-3080

Date

Daytime Phone #

CR2E083 (4/03)