#### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCH	MENT #	L03000017936
	1VIL-111 77	

1. Entity Name
D C K CONSULTING, LLC



Enncipal Place of Business

Mailing Address

1555 WILLIAMSBURG SQ. LAKELAND, FL 33803

1555 WILLIAMSBURG SQ. TLAKELAND, FL 33803



### DO NOT WRITE IN THIS SPACE

02162005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0833179

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DERK, RICHARD M 1555 WILLIAMSBURG SQ. LAKELAND, FL 33803

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	e named entity subm tions of registered ag		itement fo	or the purpose of	changing its re	gistered of	fice or registere	ed agent, or both, i	in the State of Florida.	I am familiar with, and ac	cept
SIGNATURE.				·• ·	<u> </u>	.it					
	Signature, typed or printed	name of regis	stered agent	and title if applicable	INOTE I	Registered Ager	d signature required	when reinstating)		DATE	

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

		<u> </u>
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD DERK, CPA PA 1555 WILLIAMSBURG SQ. LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM W.J. KELLY MANAGEMENT SERVICES, INC.	- ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000251253 03/04/05-80045-002 50.00

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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 empowared to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1/28/05 (863) 64