




**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000032953		
1. Entity Name DKD, LLC		
Principal Place of Business 11000 NW 11TH AVENUE GAINESVILLE, FL 32606	Mailing Address 11000 NW 11TH AVENUE GAINESVILLE, FL 32606	
DO NOT WRITE IN THIS SPACE		
		01212005No Chg-LLC CR2E083 (10/03)
		4. FEI Number 11-3703798
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent TAYLOR, JAMES J JR. 160 MAGNOLIA AVENUE KEYSTONE HEIGHTS, FL 32656		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		<p>U000000194967 01/26/05-800009-018 50.00</p> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LARSON, STEVEN P MGRM 11000 NW 11TH AVE GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOEFFLER, GARY W MGRM 6524 JAMES AVE SOUTH RICHFIELD, MN 55423	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		1/24/05 352-278-1459
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>