

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000057272**  
 1. Entity Name  
**D.K. WILKINS & ASSOCIATES, LLC**



Principal Place of Business      Mailing Address  
**3904 RUNNING CREEK COURT**      **3904 RUNNING CREEK COURT**  
**JACKSONVILLE, FL 32259**      **JACKSONVILLE, FL 32259**



**DO NOT WRITE IN THIS SPACE**

04222008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>01-0803126</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**WILKINS, DENNIS K**  
**3904 RUNNING CREEK COURT**  
**JACKSONVILLE, FL 32259**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKINS, DENNIS K 3904 RUNNING CREEK COURT JACKSONVILLE, FL 32259
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U00000930472  
 05/21/08-80110-013 143.75

**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:** *Dennis K. Wilkins*      **4/22/08**      **(904) 838-8793**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #