

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001423

Entity Name: DNK INVESTMENTS, LLC

FILED  
Jun 16, 2005  
Secretary of State

**Current Principal Place of Business:**

7620 N.W. 20TH COURT  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

8362 PINES BLVD., #265  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 90-0149727      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CHAUDHARI, KAMLA  
7620 N.W. 20TH COURT  
PEMBROKE PINES, FL 33024      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CHAUDHARI, KAMLA  
Address: 7620 N.W. 20TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR      ( ) Delete  
Name: CHAUDHARI, HEMENDRA K  
Address: 7620 N.W. 20TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KAMLA CHAUDHARI

MGRM

06/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date