2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000006894

1. Entity Name
DKS INVESTMENTS OF OAKLAND PARK, LLC

Principal Place of Business	Mailing Address
4144 NW 41ST DR COCONUT CREEK, FL 33073	4144 NW 41ST DR COCONUT CREEK, FL 33073

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

03012005   Chg-LLC   CR2E083 (10/03)

4. FEI Number
45 - 0532965
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ]   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
CHEEMA, KAWAL 4144 NW 41ST DR COCONUT CREEK, FL 33073	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE MGR NAME CHEEMA, KAWAL STREET ADDRESS 4144 NW 41ST DR CITY-ST-ZIP COCONUT CREEK, FL 33073	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ President   3-7-05

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