

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018875

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: D&K INVESTMENT HOLDINGS LLC

**Current Principal Place of Business:**

13281 TREELINE AVENUE  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

13281 TREELINE AVENUE  
FORT MYERS, FL 33913

**New Mailing Address:**

18870 SERENOA COURT  
ALVA, FL 33920

FEI Number: 11-3715089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

EIHAUSEN, DERRICK S  
1625 HENDRY STREET  
SUITE 301  
FORT MYERS, FL 33901 US

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

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: YATES, DONALD  
Address: 13281 TREELINE AVENUE  
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM ( ) Delete  
Name: YATES, KIMBERLY  
Address: 13281 TREELINE AVENUE  
City-St-Zip: FORT MYERS, FL 33913

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: YATES, DONALD  
Address: 18870 SERENOA COURT  
City-St-Zip: ALVA, FL 33920

Title: MGRM (X) Change ( ) Addition  
Name: YATES, KIMBERLY  
Address: 18870 SERENOA COURT  
City-St-Zip: ALVA, FL 33920

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KIMBERLY YATES

MGRM

04/25/2007

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