

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049644

Entity Name: D & K GROUP, LLC

FILED  
Apr 21, 2007  
Secretary of State

## Current Principal Place of Business:

100 N TAMPA ST, STE 2175  
TAMPA, FL 33602

## New Principal Place of Business:

## Current Mailing Address:

100 N TAMPA ST, STE 2175  
TAMPA, FL 33602

## New Mailing Address:

3225 S MACDILL AVE., #129-318  
TAMPA, FL 336298171

FEI Number: 20-1465656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

F & L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 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: JT ENTERPRISES LLC,  
Address: 16401 AVILA BLVD.  
City-St-Zip: TAMPA, FL 33612

Title: MGRM ( ) Delete  
Name: BEARD FAMILY LTD.,  
Address: 100 N TAMPA ST, STE 2175  
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Delete  
Name: RAB HOLDINGS, INC.,  
Address: 100 N TAMPA ST, STE 2175  
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Delete  
Name: GFI-4, LLC,  
Address: 101 S FRANKLIN ST, STE 101  
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Delete  
Name: NAJECAM ENTERPRISES,, LLC  
Address: 3314 W MULLEN AVENUE  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES:

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

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

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

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 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: MICHAEL D. ANNIS

MGRM

04/21/2007

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