


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90287 028 ****50.00

DOCUMENT # L04000050431		
1. Entity Name DK RENTALS, LLC		

Principal Place of Business 3000 CAREFREE BLVD. #E23 FT. MYERS, FL 33912	Mailing Address 3000 CAREFREE BLVD. #E23 FT. MYERS, FL 33912
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2. Principal Place of Business 3245 ELEANOR WAY	3. Mailing Address 3245 ELEANOR WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N. FT. MYERS, FL	City & State N. FT. MYERS, FL
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Zip 33917	Country LEE	Zip 33917	Country LEE
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03122006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent ROUGHAN, DIANE 3000 CAREFREE BLVD. #E23 FT. MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3245 ELEANOR WAY City N. FT. MYERS FL Zip Code 33917	
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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 DIANE ROUGHAN DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROUGHAN, DIANE 3000 CAREFREE BLVD. #E23 FT. MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROUGHAN, DIANE 3245 ELEANOR WAY N. FT. MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIDELL, KATHLEEN 3000 CAREFREE BLVD. #E23 FT. MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3245 ELEANOR WAY N. FT. MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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