2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000050431

1. Entity Name
DK RENTALS, LLC

Principal Place of Business	Mailing Address
3245 ELEANOR WAY NORTH FORT MYERS, FL 33917	3245 ELEANOR WAY NORTH FORT MYERS, FL 33917

DO NOT WRITE IN THIS SPACE

02152007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1298794	Not Applicable

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

6. Name and Address of Current Registered Agent

ROUGHAN, DIANE
3245 ELAENOR WAY
NORTH FORT MYERS, FL 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 _____

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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ROUGHAN, DIANE
STREET ADDRESS	3245 ELEANOR WAY
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	MGRM
NAME	WIDELL, KATHLEEN
STREET ADDRESS	3245 ELEANOR WAY
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 M Roughan*   Diane M. Roughan   3/1/07   239 731 6366

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