

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000051492

Entity Name: DK & M INVESTMENTS LLC

FILED  
Aug 19, 2005  
Secretary of State

**Current Principal Place of Business:**

595 NW 151 STREET  
MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 612665  
NORTH MIAMI, FL 33261

**New Mailing Address:**

FEI Number: 20-1359837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGR ( ) Delete  
Name: THOMAS, JENNY M  
Address: 595 NW 151 STREET  
City-St-Zip: MIAMI, FL 33167

Title: ST ( ) Delete  
Name: THOMAS, JENNY  
Address: 595 NW 151 STREET  
City-St-Zip: MIAMI, FL 33167

Title: MGRM (X) Delete  
Name: THOMAS, MARTIN  
Address: 595 NW 151 STREET  
City-St-Zip: MIAMI, FL 33167

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNY M. THOMAS

MGR

08/19/2005

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