

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051492

Entity Name: DK & M INVESTMENTS LLC

FILED
May 22, 2006
Secretary of State

Current Principal Place of Business:

595 NW 151 STREET
MIAMI, FL 33167

New Principal Place of Business:

3550 BISCAYNE BLVD.
SUITE 610
MIAMI, FL 33137

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMAS, JENNY M
Address: 3550 BISCAYNE BLVD. SUITE 610
City-St-Zip: MIAMI, FL 33137

Title: ST (X) Change () Addition
Name: THOMAS, JENNY
Address: 3550 BISCAYNE BLVD. SUITE 610
City-St-Zip: MIAMI, FL 33137

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: JENNY THOMAS

MM

05/22/2006

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