


FILED
Mar 21, 2007 08:00 A
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000069504		
1. Entity Name DKLW REALTY, LLC		
Principal Place of Business 2095 CONTINENTAL DRIVE, NE ATLANTA, GA 30345		Mailing Address 2095 CONTINENTAL DRIVE, NE ATLANTA, GA 30345
DO NOT WRITE IN THIS SPACE		
		01302006No Chg-LLC CR2E083 (11/05)
4. FEI Number 20-1640819		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2008		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, KEVIN M. 2095 CONTINENTAL DR NE ATLANTA, GA 30345	<div>U000000675021 03/30/07-80002-014 50.00</div> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, R. WARREN 2095 CONTINENTAL DR NE ATLANTA, GA 30345	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEWART, DEAN A. 479 WILFRAN WAY AVONDALE ESTATES, GA 30002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOVER, LARRY 479 WILFRAN WAY AVONDALE ESTATES, GA 30002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 606, Florida Statutes.		
SIGNATURE: <u>Dean A. Stewart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>18 March 07</u> Daytime Phone # <u>404-499-2351</u>