2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L04000069504

1. Entity Name
DKLW REALTY, LLC

Principal Place of Business	Mailing Address
2095 CONTINENTAL DRIVE, NE ATLANTA, GA 30345	2095 CONTINENTAL DRIVE, NE ATLANTA, GA 30345

DO NOT WRITE IN THIS SPACE

03172008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1640819
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WALSH, KEVIN M.
STREET ADDRESS	2095 CONTINENTAL DR NE
CITY-ST-ZIP	ATLANTA, GA 30345
TITLE	MGRM
NAME	SMITH, R. WARREN
STREET ADDRESS	2095 CONTINENTAL DR NE
CITY-ST-ZIP	ATLANTA, GA 30345
TITLE	MGRM
NAME	STEWART, DEAN A.
STREET ADDRESS	479 WILFRAN WAY
CITY-ST-ZIP	AVONDALE ESTATES, GA 30002
TITLE	MGRM
NAME	HOOVER, LARRY
STREET ADDRESS	479 WILFRAN WAY
CITY-ST-ZIP	AVONDALE ESTATES, GA 30002
TITLE	
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: Kevin M. Walsh 3-17-08 770 859-2547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #