

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076617

Entity Name: C & K DC PROPERTIES, LLC.

FILED
Feb 09, 2006
Secretary of State

Current Principal Place of Business:

2140 KINGSLEY AVE
2
ORANGE PARK, FL 32067

Current Mailing Address:

2140 KINGSLEY AVE
2
ORANGE PARK, FL 32067

New Principal Place of Business:

6251 PHILLIPS HWY
2
JACKSONVILLE, FL 32216

New Mailing Address:

4055 SAINT MICHELLE LN
ALPHARETTA, GA 30004

FEI Number: 84-1659671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D-CHARLES, CLAUDE
671 N.E 195 ST
306 E
NORTH MIAMI, FL 33179 US

Name and Address of New Registered Agent:

D-CHARLES, CLAUDE
6251 PHILLIPS HWY
2
JACKSONVILLE, FL 32216 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:

02/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: D-CHARLES, CLAUDE
Address: 671 N.E 195 ST
City-St-Zip: 306 E, FL 33179

Title: MGR () Delete
Name: LAFRANCE, KERLINE
Address: 4055 SAINT MICHELLE LN
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: D-CHARLES, CLAUDE
Address: 4055 SAINT MICHELLE LN
City-St-Zip: ALPHARETTA, GA 30004 US

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 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: CLAUDE D-CHARLES

MGR

02/09/2006

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