

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076617

Entity Name: C & K DC PROPERTIES, LLC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

6251 PHILLIPS HWY  
# 2  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

1711 S. GADSDEN  
TALLAHASSEE, FL 32301

## Current Mailing Address:

4055 SAINT MICHELLE LN  
ALPHARETTA, GA 30004

## New Mailing Address:

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  
6251 PHILLIPS HWY  
# 2  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

D-CHARLES, CLAUDE  
1711 S. GADSDEN ST  
TALLAHASSEE, FL 32301 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: CLAUDE D-CHARLES

04/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

## ADDITIONS/CHANGES:

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 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

04/27/2007

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