


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90071 031 \*\*\*\*50.00

<b>DOCUMENT # L05000013223</b> 1. Entity Name <b>DK SQUARED REALTY, LLC</b>					
Principal Place of Business <b>1975 SANSBURY'S WAY SUITE 109 WEST PALM BEACH, FL 33411</b>			Mailing Address <b>1975 SANSBURY'S WAY SUITE 109 WEST PALM BEACH, FL 33411</b>		
2. Principal Place of Business <b>4401 - 4421 ANNETTE ST</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WEST PALM BCH, FL</b>		City & State		4. FEI Number <b>20-2301548</b>	
Zip <b>33409</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KENDALL, DAVID 1975 SANSBURY'S WAY SUITE 109 WEST PALM BEACH, FL 33411</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR KENDALL, DAVID 1975 SANSBURY'S WAY, SUITE 109 WEST PALM BEACH, FL 33411</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <i>David Kendall, Manager</i></b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>1/10/06</b> Daytime Phone # <b>561-656-1406</b>	