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Apr 07, 2006 8:00 am
Secretary of State
02-13-2006 90188 041 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/13

DOCUMENT # L05000035543

1. Entity Name
W.D.K. REAL ESTATE, LLC

Principal Place of Business	Mailing Address
3215 AVIATION BLVD. VERO BEACH, FL 32960	3215 AVIATION BLVD. VERO BEACH, FL 32960

J00004403

02082006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3215 Aviation Blvd Suite, Apt. #, etc.	3215 Aviation Blvd Suite, Apt. #, etc.
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32960 Country: USA	Zip: 32960 Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRIS, CHARLES E
819 BEACHLAND BLVD.
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary William S. Depp. 3215 Aviation Blvd Vero Beach, FL 32960 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patricia A Kelly Treasurer 7926 9th Avenue South St Petersburg, 33707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David E. Williams, JR President 4707 Skimmer Way St. Petersburg, FL 33711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Wm. S. Depp 2-9-06 772-562-6746
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #