2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# L05000046120

Entity Name: D K INVESTMENTS, LLC

Current Principal Place of Business:

402 SE 15TH TERRACE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

402 SE 15TH TERRACE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 11-3748879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JURSINSKI, KEVIN F
7800 UNIVERSITY POINTE DRIVE, STE. 200
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: OGRODOWSKI, KENNETH J PRES.
Address: 402 SE 15TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP ( ) Delete
Name: TORRENCE, DAVID G VP
Address: 2517 SE 15TH PLACE
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: OGRODOWSKI, KENNETH J
Address: 402 SE 15TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP (X) Change ( ) Addition
Name: TORRENCE, DAVID G
Address: 2517 SE 15TH PLACE
City-St-Zip: CAPE CORAL, FL 33914 US

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: DAVID TORRENCE VP 05/04/2007

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