


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90036 025 \*\*\*\*50.00

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # L05000050961</b>  |  |  |  |                       |  |
| <b>1. Entity Name</b><br>DK I INVESTMENTS, LLC  |  |  |  |  |  |
| <b>Principal Place of Business</b><br>1741 SIESTA DRIVE<br>SARASOTA, FL 34239   |  |  | <b>Mailing Address</b><br>46 N. WASHINGTON BLVD., #1<br>SARASOTA, FL 34236     |  |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b><br>1741 SIESTA DRIVE           |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                      |  |  |  |
| City & State  |  | City & State<br>SARASOTA, FL                             |  | <b>4. FEI Number</b>   |  |
| Zip   |  | Country  |  | Zip 34239 Country  |  |
| City & State  |  | City & State<br>SARASOTA, FL                             |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>                             |  |  |
| LPS CORPORATE SERVICES, INC.<br>46 N. WASHINGTON BLVD., #1<br>SARASOTA, FL 34236  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City             |  |  |
| City  |  |  | FL Zip Code  |  |  |
| <b>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.</b>  |  |  |  |  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)   |  |  |  |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |  | <b>Make check payable to Florida Department of State</b> |  | <b>DATE</b>  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGRM<br>KRAMER, DAVID<br>1741 SIESTA DRIVE<br>SARASOTA, FL 34239 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete                                  |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete                                  |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete                                  |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete                                  |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete                                  |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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> |  |  |  |  |  |
| <b>SIGNATURE:</b> _____   |  |  | 4-11-06 941 780-4397   |  |  |
| DAVID KRAMER, MGRM  |  |  | Date Daytime Phone #   |  |  |