## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## Feb 04, 2008 8:00 am Secretary of State **DOCUMENT # L05000073983** 02-04-2008 90132 021 \*\*\*138.75 1. Entity Name DCKM, LLC Principal Place of Business Mailing Address 26 8TH STREET 26 8TH STREET BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 01272008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3981270 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE STEVENS, GARY M 26 8TH STREET **BONITA SPRINGS, FL 34134** IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS TITLE MGR STEVENS, GARY M NAME STREET ADORESS 26 8TH STREET CITY-ST-ZIP BONITA SPRINGS, FL 34134 RILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7P

FILED

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.

GAYM.