

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002430

FILED  
May 05, 2008  
Secretary of State

Entity Name: DQ KO OLINA, LLC

**Current Principal Place of Business:**

315 11TH STREET  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

422 SAVOIE DRIVE  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

P.O. BOX 185  
JUPITER, FL 33468

**New Mailing Address:**

422 SAVOIE DRIVE  
PALM BEACH GARDENS, FL 33410

FEI Number:                      FEI Number Applied For (X)                      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:**

QUARRIE, LISA G ESQUIRE  
315 11TH STREET  
WEST PALM BEACH, FL 33401    US

**Name and Address of New Registered Agent:**

QUARRIE, LISA G  
422 SAVOIE DRIVE  
PALM BEACH GARDENS, FL 33410    US

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: LISA QUARRIE

05/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      DUNCAN, ROGER L III  
Address:                      P.O. BOX 185  
City-St-Zip:                      JUPITER, FL 33468

Title:                      MGRM                      ( ) Delete  
Name:                      QUARRIE, LISA G  
Address:                      P.O. BOX 185  
City-St-Zip:                      WEST PALM BEACH, FL 33468

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LISA QUARRIE

MGR

05/05/2008

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