



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90083 030 \*\*\*138.75

<b>DOCUMENT # L06000022168</b> 1. Entity Name <b>DRK PROPERTIES, LLC</b>					
Principal Place of Business <b>C/O MARC H. AUERBACH</b> <del>201 S. BISCAYNE BLVD., SUITE #2000</del> <b>MIAMI, FL 33131</b>			Mailing Address <b>C/O MARC H. AUERBACH</b> <del>201 S. BISCAYNE BLVD., SUITE #2000</del> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>2005 Biscayne Blvd.</b> Suite, Apt. #, etc. <b>Suite # 3900</b> City & State		3. Mailing Address <b>2005 Biscayne Blvd.</b> Suite, Apt. #, etc. <b>Suite # 3900</b> City & State		<b>60017371</b> 	
Zip Country		Zip Country		02202008 Chg-LLC CR2E083 (12/06) 4. FEI Number <b>20-4511575</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>AUERBACH, MARC H ESQ.</b> <del>201 S. BISCAYNE BLVD., SUITE #2000</del> <b>MIAMI, FL 33131</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2005 Biscayne Blvd.</b> <b>Suite # 3900</b> City <b>FL</b> 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 <u>Marc Auerbach</u> DATE <u>3/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRIEGNER, DIANE R MD 6141 SUNSET DR MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Marc Auerbach</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>3/3/08</u> <u>305 665 2300</u> <small>(Daytime Phone #)</small>		