

FILED  
Jun 25, 2007 8:00 am  
Secretary of State

05-04-2007 90308 036 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                  |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L06000024754</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                 |                                                                   |
| 1. Entity Name<br>DKN HOLDINGS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                  |                                                                   |
| Principal Place of Business<br>1358 FRUITVILLE RD.<br>SUITE 310<br>SARASOTA, FL 34236                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | Mailing Address<br>1358 FRUITVILLE RD.<br>SUITE 310<br>SARASOTA, FL 34236                                                        |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 3. Mailing Address                                                                                                               |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | Suite, Apt. #, etc.                                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | City & State                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Country                         | Zip                                                                                                                              | Country                                                           |
| 4. FEI Number<br>20-4911471                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Applied For<br>Not Applicable                                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | \$5.00 Additional<br>Fee Required                                                                                                |                                                                   |
| 6. Name and Address of Current Registered Agent<br>WILSON, MICHAEL J<br>200 SOUTH ORANGE AVENUE<br>SARASOTA, FL 34236                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                   |
| 8. The above named entity swears 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 _____ Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                                  |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Make check payable to<br>Florida Department of State                                                                             |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | 10. ADDITIONS/CHANGES                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP<br>MGR David A. Luria<br>1358 Fruitville Rd Suite 310<br>Sarasota FL 34236                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this form 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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                 |                                                                                                                                  |                                                                   |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | April 30, 2007                                                                                                                   |                                                                   |