2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 12, 2007
Secretary of State

DOCUMENT# L06000047374

Entity Name: DKS HOLDINGS, LLC

Current Principal Place of Business:

4644 W. GANDY BLVD.
SUITE 4-188
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4644 W. GANDY BLVD.
SUITE 4-188
TAMPA, FL 33611

New Mailing Address:

FEI Number: 20-4974922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIN, SUE
5201 S. WESTSHORE BLVD.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

BARNETT, LESLIE J
601 BAYSHORE BOULEVARD
SUITE 601
TAMPA, FL 33606 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: LESLIE J BARNETT 07/12/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SHIN, SUE
Address: 4644 W. GANDY BLVD., SUITE 4-188
City-St-Zip: TAMPA, FL 33611

Title: MGR ( ) Delete
Name: SHIN, JANE
Address: 4644 W. GANDY BLVD., SUITE 4-188
City-St-Zip: TAMPA, FL 33611

Title: MGR ( ) Delete
Name: SHIN, DAE
Address: 4644 W. GANDY BLVD., SUITE 4-188
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

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

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: SUE SHIN MGR 07/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date