## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 20, 2008 8:00 am Secretary of State

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DOCUMENT # L06000051021  1. Entity Name CAPITAL D.K., LLC						/	Secretary 03-20-2008 90180			
Principal Plac	e of Business	Mailing Address	8	deli						
•			52 VACH # 208	t Clubl	DRIVE					
3 J. y	ACHT Club Driv		# 208							
# 20 8	3		North PALA	A RELAK	4					
North	PALM READE =	I SAUSE !	FL 33	11/10/10	"					
2 Principal P	PALM BEACH F tace of Business - No P.O. Box #	3. Mailing Addre		700			00-			
OLD POR		OLD PORT			[		60016008			
	·						20000			
Suite, Apt. #, etc.			Suite, Apt. #, etc. 1208 MARINE WAY # A 405							
1208 MARINE WAY # A 405							<del> </del>			
City & State	PALM BEACH FL	City & State	LM BEACH	CI.	ŀ	4. FEI Numb	<sup>er</sup> 20-5011846		oplied For	
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Zip	Country	Zip	Cour	•		5. Certificate	e of Status Desired	\$5.00 Add		
33408	PALM BEACH	33408	PALI	M BEACI	H	+		Fee Require	d	
	6. Name and Address of Cur	rent Registered Agent				7. Name and	d Address of New Registered	d Agent		
				Name						
ADAMS,	DONNA N			<u> </u>						
				Street Ac	ddress (P.	.O. Box Numb	per is Not Acceptable)			
400 VILL	AGE SQUARE CROSS	ING		<u> </u>						
- <del>-</del>										
SUITE 2	A, PALM BEACH GARD	ENS, FL 334	410	City			F	Zip Cod	e	
	•			1 ",			F			
	named entity submits this stateme	ent for the purpose of cha	anging its register	red office or	registere	d agent, or bo	oth, in the State of Florida. I ar	n familiar with,	and accept	
the obligat	ions of registered agent.									
DICALATURE										
SIGNATURE .										
	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Regulation	ted Agent aignetu	w beautpen eau	men remstating)	DATE			
	Signature, typed or printed name or registered	agent and title if applicable.	(NOTE: Regulate	ed Agent signatu	w (semupen em	hen renstating)	DATE			
		agent and title if applicable.	(NOTE: Regulater	ed Agent aignatu	w Demugan and	hen reinstating)				
	! NOW!!! FEE IS \$138.75		(NOTE: Régister	ed Agent signetu	ие гесригес w	rhen reinstating)	Make check	payable to	0	
			(NOTE: Regulater	ed Agent aignatu	м Бемире ви	renstating)		payable to	9	
	! NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$53		(NOTE: Requision	,	ие гедилесі ж	renstating)	Make check	payable to ment of Stat	8	
After May	! NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$53	8.75  EMBERS/MANAGERS	10.	. ,			Make check Fiorida Depart	payable to ment of Stat		
After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538 MANAGING ME	8.75  EMBERS/MANAGERS	10.	LE LE	MGRN	1	Make check Florida Depart ADDITIONS/CHANGE	payable to ment of Stat	Addition	
After May  9.  TILE  NAME	MANAGING ME MGRM	B.75 EMBERS/MANAGERS	10. Italian III. NA	LE ME	MGRN	A E DIERR	Make check Florida Depart  ADDITIONS/CHANGE	payable to ment of Stat	☐ Addition	
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9. IITLE NAME STREET ADDRESS CITY-ST-ZIP	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538 MANAGING ME	B.75  MBERS/MANAGERS  DRIVE, #208 H, FL, 3340	10. NAV STF	I.E ME. REET ADDRESS Y-ST-ZIP	MGRN	A E DIERR	Make check Florida Depart ADDITIONS/CHANGE	payable to ment of States Change Ripe W	Addition	
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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 OF TYPED OR FRONTED NAME OF STORMO MANAGING MERIBER, DR AUTHORIZZED REPRESENTATIVE Date Despure Phone of