


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90039 023 \*\*\*\*50.00

<b>DOCUMENT # L06000055594</b> 1. Entity Name DKRJ, L.L.C.					
Principal Place of Business 722 N. ANDREWS AVENUE FT. LAUDERDALE, FL 33311				Mailing Address 722 N. ANDREWS AVENUE FT. LAUDERDALE, FL 33311	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEL Number <b>33-1139598</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SCHLICHT, MATTHEW J 2134 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name <u>Dianna Petreppa</u> Street Address (P.O. Box Number is Not Acceptable) <u>2134 Hollywood Blvd</u> City <u>Hollywood</u> <b>FL</b> Zip Code <u>33020</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELEPPA, DIANN 722 N. ANDREWS AVENUE FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIRAULO CERVONE, ROSEMARY 4 WHITE DEER LANE HARDING, TOWNSHIP, NH 07960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CERVONE, JOSEPH 4 WHITE DEER LANE HARDING, TOWNSHIP, NH 07960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 606, Florida Statutes.					
<b>SIGNATURE:</b> <u>D. J. O.</u>			Date <u>4-18-07</u> Day/Time Phone # <u>954-524-2252</u>		