

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055594

Entity Name: DKRJ, L.L.C.

FILED
May 07, 2009
Secretary of State

Current Principal Place of Business:

722 N. ANDREWS AVENUE
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

722 N. ANDREWS AVENUE
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 33-1139598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHLICHTE, MATTHEW J
2134 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FELEPPA, DIANN
Address: 722 N. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: MGR () Delete
Name: CIRAULO CERVONE, ROSEMARY
Address: 4 WHITE DEER LANE
City-St-Zip: HARDING, TOWNSHIP, NH 07960

Title: MGR () Delete
Name: CERVONE, JOSEPH
Address: 4 WHITE DEER LANE
City-St-Zip: HARDING, TOWNSHIP, NH 07960

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: DIANN FELEPPA

MGR.

05/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date