

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083241

Entity Name: DKB REALTY ENTERPRISES, LLC

FILED
Aug 05, 2007
Secretary of State

Current Principal Place of Business:

% DAVID K. BROWN
3310 NORTH 37TH STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

% DAVID K. BROWN
3310 NORTH 37TH STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

% DAVID K. BROWN
22120 BOCA PLACE DRIVE #1415
BOCA RATON, FL 33433

New Mailing Address:

% DAVID K. BROWN
22120 BOCA PLACE DRIVE #1415
BOCA RATON, FL 33433

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

BROWN, DAVID K
3310 NORTH 37TH STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

BROWN, DAVID K
22120 BOCA PLACE DRIVE #1415
BOCA RATON, FL 33433 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: DAVID K BROWN

08/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, DAVID K
Address: 3310 NORTH 37TH STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, DAVID K
Address: 22120 BOCA PLACE DRIVE #1415
City-St-Zip: BOCA RATON, FL 33433

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: DAVID K BROWN

MGRM

08/05/2007

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