

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033010

Entity Name: 2 DK'S III, L.L.C.

FILED  
Jan 07, 2008  
Secretary of State

**Current Principal Place of Business:**

996 WEST JERICO TURNPIKE  
SMITHTOWN, NY 11787

**New Principal Place of Business:**

158 OLD WINKLE POINT  
NORTHPORT, NY 11768

**Current Mailing Address:**

996 WEST JERICO TURNPIKE  
SMITHTOWN, NY 11787

**New Mailing Address:**

158 OLD WINKLE POINT  
NORTHPORT, NY 11768

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHUTT, DARRIN R ESQ  
STE C 1105 CAPE CORAL PKWY EAST  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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: MGRM ( ) Delete  
Name: KUMMER, DANIEL  
Address: 996 WEST JERICO TURNPIKE  
City-St-Zip: SMITHTOWN, NY 11787

Title: MGRM ( ) Delete  
Name: KUMMER, DENIS  
Address: 996 WEST JERICO TURNPIKE  
City-St-Zip: SMITHTOWN, NY 11787

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KUMMER, DANIEL  
Address: 158 OLD WINKLE POINT  
City-St-Zip: NORTHPORT, NY 11768

Title: MGRM (X) Change ( ) Addition  
Name: KUMMER, DENISE  
Address: 158 OLD WINKLE POINT  
City-St-Zip: NORTHPORT, NY 11768

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: DENISE KUMMER

MGRM

01/07/2008

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