2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90096 010 ***138.75

60026691

DOCUMENT # L07000069121

1. Entity Name
DKJET ENTERPRISES, LLC

Principal Place of Business	Mailing Address
4923 LONDONDERRY DRIVE TAMPA, FL 33613	C/O TEMPLE H DRUMMOND ESQ 328 WEST BEARSS AVE TAMPA, FL 33613

01252008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		c/o Temple H. Drummond, Esq.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6987 East Fowler Avenue	
City & State		City & State Tampa, Florida	
Zip	Country	Zip 33617	Country USA

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~DRUMMOND, TEMPLE H ESQ~~
~~328 WEST BEARSS AVE~~
~~TAMPA, FL 33613~~

7. Name and Address of New Registered Agent

Name Temple H. Drummond, Esq.
Street Address (P.O. Box Number is Not Acceptable) Drummond Wehle & Ross LLP
6987 East Fowler Avenue
City Tampa FL Zip Code 33617

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 Temple H. Drummond, Temple H. Drummond, Esq. 4/9/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Daniel E. Costello 4923 Londonderry Drive Tampa, FL 33613	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: [signature] 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #