## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L07000112126** 02-25-2008 90133 033 \*\*\*138.75 1. Entity Name DAKF PROPERTY, LLC Principal Place of Business Mailing Address 30002209. 7210 NW 77TH STREET 3123 NW 73RD STREET MIAMI, FL 33147 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 205 705/32 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent G, B & B-B REGISTRIES, LLC -Street Address (P.O. Box Number is Not Acceptable) 7301 SW 57TH COURT STE 560 SOUTH MIAMI, FL 33143 Zip Code FI. 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete ■ Addition TITLE ☐ Change NAME MORA, JORGE NAME 7210 NW 77TH STREET STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33166 CITY-ST-ZIP MGR TITLE ☐ Defete TITLE ☐ Change Addition NAME MORA, NIRVADO NAME STREET ADDRESS **7210 NW 77TH STREET** STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-7IP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME MORA, KELLY NAME STREET ADDRESS 7210 NW 77TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Change TITLE ☐ Detete MGR TITLE ☐ Addition MORA, MIRKA NAME NAME STREET ADDRESS 7210 NW 77TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 to the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Kelly Mora

INING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAMI

FILED Mar 14, 2008 8:00 am