

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

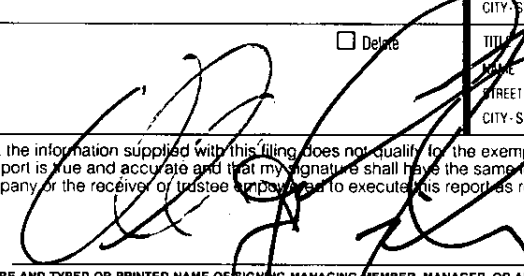
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Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90140 011 ***138.75

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02072008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000121723					
1. Entity Name DKC WETLAND PRESERVE, LLC					
Principal Place of Business 2315 BELLEAIR ROAD CLEARWATER, FL 33764			Mailing Address 2315 BELLEAIR ROAD CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-1538637	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FISHER, WILLIAM J JR. 2315 BELLEAIR ROAD CLEARWATER, FL 33764				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 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		☐ Delete	TITLE	MGRM	☐ Change ☒ Addition
NAME			NAME	WILLIAM J. FISHER, JR.	
STREET ADDRESS			STREET ADDRESS	2315 BELLEAIR RD	
CITY- ST- ZIP			CITY- ST- ZIP	CLEARWATER, FL 33764	
TITLE		☐ Delete	TITLE	MGRM	☐ Change ☒ Addition
NAME			NAME	BETH ANN W. FISHER	
STREET ADDRESS			STREET ADDRESS	2315 BELLEAIR RD	
CITY- ST- ZIP			CITY- ST- ZIP	CLEARWATER, FL 33764	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				2/7/08 (727) 443-4436	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	
WILLIAM J. FISHER, JR., MGRM					