

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000044185

Entity Name: DNKRE, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1400 CORPORATE CENTER WAY  
WELLINGTON, FL 33414

**New Principal Place of Business:**

625 N FLAGLER DRIVE  
675  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1400 CORPORATE CENTER WAY  
WELLINGTON, FL 33414

**New Mailing Address:**

625 N FLAGLER DRIVE  
675  
WEST PALM BEACH, FL 33401

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

KHOURY, DAVID N  
1400 CORPORATE CENTER WAY  
WELLINGTON, FL 33414 US

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

BEINER, SHARON  
625 N. FLAGLER DRIVE  
STE 675  
WEST PALM BEACH, FL 33401 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: SHARON BEINER

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KHOURY, DAVID N  
Address: 625 N FLAGLER DRIVE, SUITE 675  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 N KHOURY

MGR

04/30/2010

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