## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 20, 2009 Secretary of State DOCUMENT# M03000003861

Entity Name: DKIA FLORIDIAN GP, LLC

Name:

Address:

City-St-Zip:

**Current Principal Place of Business: New Principal Place of Business:** C/O D&K INSURANCE AGENCY, INC. 33 W. MONROE ST., STE. 1900 CHICAGO, IL 60603 **New Mailing Address: Current Mailing Address:** C/O D&K INSURANCE AGENCY, INC. - KHAWSHABA C/O D&K INSURANCE AGENCY, INC 33 W. MONROE ST., STE. 1900 33 W. MONROE ST., STE. 1900 - SARKIS CHICAGO, IL 60603 CHICAGO, IL 60603 FEI Number: 26-0075264 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete D&K INSURANCE AGENCY, INC. Name: Name: Address: 33 W. MONROE ST., STE 1900 Address: City-St-Zip: CHICAGO, IL 60603 City-St-Zip: Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: BAILEY, FORREST D Address: Address: 33 W MONROE ST STE 1900 City-St-Zip: City-St-Zip: CHICAGO, IL 60603 Title: () Delete Title: ( ) Change (X) Addition TERRY, REBECCA Name: Name: 33 W MONROE ST STE 1900 Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60603 ( ) Change (X) Addition Title: () Delete Title: AS

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.

Name:

Address:

City-St-Zip:

KHAWSHABA, SHAMIRAN 33 W MONROE ST STE 1900

CHICAGO, IL 60603

SIGNATURE: SHAMIRAN KHAWSHABA 01/20/2009