

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003861

FILED
May 03, 2010
Secretary of State

Entity Name: DKIA FLORIDIAN GP, LLC

Current Principal Place of Business:

C/O D&K INSURANCE AGENCY, INC.
33 W. MONROE ST., STE. 1900
CHICAGO, IL 60603

New Principal Place of Business:

Current Mailing Address:

C/O D&K INSURANCE AGENCY, INC.
33 W. MONROE ST., STE. 1900 - SARKIS
CHICAGO, IL 60603

New Mailing Address:

FEI Number: 26-0075264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: D&K INSURANCE AGENCY, INC.
Address: 33 W. MONROE ST., STE 1900
City-St-Zip: CHICAGO, IL 60603

Title: P
Name: BAILEY, FORREST D
Address: 33 W MONROE ST STE 1900
City-St-Zip: CHICAGO, IL 60603

Title: S
Name: SCHNEIDER, DENISE
Address: 33 W MONROE ST STE 1900
City-St-Zip: CHICAGO, IL 60603

Title: AS
Name: SARKIS, SHAMIRAN
Address: 33 W MONROE ST STE 1900
City-St-Zip: CHICAGO, IL 60603

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: SHAMIRAN SARKIS

AS

05/03/2010

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