2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003861

Entity Name: DKIA FLORIDIAN GP, LLC

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

Current Mailing Address:	**New Mailing Address:**
C/O D&K INSURANCE AGENCY, INC. 33 W. MONROE ST., STE. 1900 - SARKIS 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 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

Title: VPT
Name: ESTELA, CARMEN
Address: 33 W MONROE ST STE 1900
City-St-Zip: CHICAGO, IL 60603 US

Title: CFO
Name: HAYES, JAMES
Address: 33 W MONROE ST STE 1900
City-St-Zip: CHICAGO, IL 60603 US

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 Statues.

SIGNATURE: SHAMIRAN SARKIS   AS   04/26/2012
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date