

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90191 011 \*\*\*\*55.00

**DOCUMENT # M03000004252**

1. Entity Name  
**DKR REALTY, LLC**



Principal Place of Business  
**545 CAMP DIXIE ROAD  
PASCOAG, RI 02859**

Mailing Address  
**545 CAMP DIXIE ROAD  
PASCOAG, RI 02859**

**24011440**



2. Principal Place of Business

**717 S. Ocean Blvd**

3. Mailing Address

**717 S. Ocean Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122004 Chg-LLC CR2E083 (10/03)

City & State

**Pompano Beach, FL**

City & State

**Pompano Beach, FL**

4. FEI Number

**05-0508633**

Applied For

Not Applicable

Zip

Country

**33062**

Zip

Country

**33062**

5. Certificate of Status Desired **X** **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name **Dominic Manzelli**

Street Address (P.O. Box Number is Not Acceptable)  
**717 S. Ocean Blvd**

City **Pompano Beach**

**FL**

Zip Code

**33062**

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

*Dominic Manzelli*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-12-04**

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MANZELLI, RICHARD A**  
STREET ADDRESS **545 CAMP DIXIE ROAD**  
CITY-ST-ZIP **PASCOAG, RI 02859**

TITLE **MGR** ☐ Delete  
NAME **MANZELLI, KETHLEEN E**  
STREET ADDRESS **545 CAMP DIXIE ROAD**  
CITY-ST-ZIP **PASCOAG, RI 02859**

TITLE **MGR** ☐ Delete  
NAME **MANZELLI, DOMINIC**  
STREET ADDRESS **717 S. OCEAN BLVD.**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Dominic Manzelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**2/12/04**

Daytime Phone #