


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90039 029 \*\*\*\*55.00

<b>DOCUMENT # M05000003293</b> 1. Entity Name <b>DMDK HOLDINGS, LLC</b>					
Principal Place of Business <b>74 3RD ST. BONITA SPRINGS, FL 34134</b>				Mailing Address <b>74 3RD ST. BONITA SPRINGS, FL 34134</b>	
2. Principal Place of Business		3. Mailing Address <b>2338 Immokalee Rd</b> Suite, Apt. #, etc. <b>Suite 127</b>			
Suite, Apt. #, etc.		City & State <b>Naples FL</b>			
City & State		Zip <b>34110</b>		Country	
4. FEI Number <b>20-2903073</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required --</b>			
6. Name and Address of Current Registered Agent  <b>BROPHY, ERIC J 5810 SEA GRASS LANE NAPLES, FL 34116</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MELONEY, MARLENE 2338 IMMOKALEE RD. SUITE 127 NAPLES, FL 341101445</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Marlene Meloney</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<b>3/3/06</b> Date		
Daytime Phone #					