


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-17-2004 90045 028 \*\*\*\*50.00

**DOCUMENT # L03000022209**

1. Entity Name  
**DJB FILMS LLC**



Principal Place of Business  
**3924 PROMENADE SQUARE DRIVE #5323  
 ORLANDO, FL 32837**

Mailing Address  
**3924 PROMENADE SQUARE DRIVE #5323  
 ORLANDO, FL 32837**

**34010144**



2. Principal Place of Business  
**ABOVE**

3. Mailing Address  
**ABOVE**

Subs., Apt. #, etc.

07282004 Chg-LLC CR2E083 (10/03)

City & State

Zip Country

4. ESI Number  
**20-0185979**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BOTELHO, DAVID J**  
**3924 PROMENADE SQUARE DRIVE #5323**  
**ORLANDO, FL 32837**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

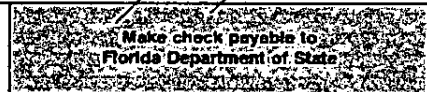
City **FL** Zip Code

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  DATE **8/11/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**Filing Fee is \$50.00**  
**Due by September 8, 2004**



9. MANAGING MEMBERS/MANAGERS

TITLE	<b>OWNER</b>	<input type="checkbox"/> Delete
NAME	<b>DAVID J. BOTELHO</b>	
STREET ADDRESS	<b>3924 PROMENADE SQUARE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32837</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **8/11/04** DAYTIME PHONE: **407-32-4580**

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