

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020370

Entity Name: DEJ, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

105 SW 63RD STREET ROAD
OCALA, FL 34474

New Principal Place of Business:

105 SW 63RD STREET ROAD
OCALA, FL 34471

Current Mailing Address:

105 SW 63RD STREET ROAD
OCALA, FL 34474

New Mailing Address:

105 SW 63RD STREET ROAD
OCALA, FL 34471

FEI Number: 20-2552318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVECE, DAVID A
105 SW 63RD STREET ROAD
OCALA, FL 34474 US

Name and Address of New Registered Agent:

LOVECE, DAVID A
105 SW 63RD STREET ROAD
OCALA, FL 34471 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:

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOVECE, DAVID A
Address: 105 SW 63RD STREET ROAD
City-St-Zip: OCALA, FL 34474

Title: MGR () Delete
Name: LOVECE, JULIA M
Address: 105 SW 63RD STREET ROAD
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOVECE, DAVID A
Address: 105 SW 63RD STREET ROAD
City-St-Zip: OCALA, FL 34471

Title: MGR (X) Change () Addition
Name: LOVECE, JULIA M
Address: 105 SW 63RD STREET ROAD
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID LOVECE

MGR

04/28/2008

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