

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047444

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: DDJ LAND COMPANY, L.L.C.

**Current Principal Place of Business:**

7465 NORTH PALAFOX  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

7465 NORTH PALAFOX  
PENSACOLA, FL 32503

**New Mailing Address:**

P>O> BOX 11577  
PENSACOLA, FL 325024

FEI Number: 20-2893179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORE, DONALD W  
7465 NORTH PALAFOX  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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 ( ) Delete  
Name: MOORE, DONALD W  
Address: 7465 NORTH PALAFOX  
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM ( ) Delete  
Name: LONG, JERRY F  
Address: 7920 CHELLIE ROAD  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete  
Name: LONG, DONALD  
Address: 7910 CHELLIE ROAD  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DONALD W. MOORE

MGRM

01/14/2009

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