


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90075 001 \*\*\*\*50.00

DOCUMENT # L06000005342

1. Entity Name  
 DPJM, LLC



Principal Place of Business  
 614 S.E. CENTRAL PARKWAY  
 STUART, FL 34994

Mailing Address  
 614 S.E. CENTRAL PARKWAY  
 STUART, FL 34994

2. Principal Place of Business - No P.O. Box #  
 1725 NW HARBOR PLAZA

3. Mailing Address  
 1725 NW HARBOR PLAZA

Suite, Apt. #, etc.

City & State  
 STUART, Florida

City & State  
 STUART, Florida

Zip  
 34994

Country  
 USA

40130000



08212007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 11-3773812

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, DEBRA H  
 614 S.E. CENTRAL PARKWAY  
 STUART, FL 34994

7. Name and Address of New Registered Agent

Name  
 DEBRA PARKER

Street Address (P.O. Box Number is Not Acceptable)  
 1725 NW HARBOR PLAZA

City  
 STUART

FL

Zip Code  
 34994

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 Debra Parker (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, DEBRA 1434 NW COCONUT POINT LANE STUART, FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, DONALD 1434 NW COCONUT POINT LANE STUART, FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILO, JOSEPH A 230 CHATUGE WAY HIAWASSEE, GA 30546 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILO, MICHELLE Y 230 CHATUGE WAY HIAWASSEE, GA 30546 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Debra Parker MANAGING MEMBER Date: 8/21/07 Daytime Phone #: 772-260-3090