

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000032273

Entity Name: DJRB INVESTING, LLC

FILED  
Apr 29, 2011  
Secretary of State

**Current Principal Place of Business:**

1107 N. WALNUT STREET  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

1107 N. WALNUT STREET  
STARKE, FL 32091

**New Mailing Address:**

FEI Number: 27-2283718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BELL, ROMOND Q  
1107 N. WALNUT STREET  
STARKE, FL 32091 US

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

BELL, ROMOND Q SR  
1107 N. WALNUT STREET  
STARKE, FL 32091 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: ROMOND Q.BELL SR.

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BELL, ROMOND Q SR  
Address: 1107 N. WALNUT STREET  
City-St-Zip: STARKE, FL 32091

Title: MR  
Name: JERNIGAN, DEONIS  
Address: 1107 N. WALNUT STREET  
City-St-Zip: STARKE, FL 32091

Title: MR  
Name: BELL, ROMOND Q SR  
Address: 1107 N WALNUT STREET  
City-St-Zip: STARKE, FL 32091

Title: MR  
Name: BELL, ROMOND Q SR  
Address: 1107 N WALNUT STREET  
City-St-Zip: STARKE, FL 32091

Title: MR  
Name: BELL, ROMOND Q SR  
Address: 1107 N WALNUT STREET  
City-St-Zip: STARKE, FL 32091

Title: MR  
Name: BELL, ROMOND Q SR  
Address: 1107 N WALNUT STREET  
City-St-Zip: STARKE, FL 32091

I hereby 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: ROMOND Q. BELL SR.

MR.

04/29/2011

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