

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000239

FILED
Sep 02, 2004
Secretary of State

Entity Name: DJ WORLD SOUTH COAST, LLC

Current Principal Place of Business:

860 - 864 E. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

110 REPUBLIC DRIVE
NORTH HAVEN, CT 06473

New Mailing Address:

2600 STATE STREET
HAMDEN, CT 06517

FEI Number: 04-3713080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAUSE, JASON
18741 SEA TURTLE LANE
BOCA RATON, FL 33498

Name and Address of New Registered Agent:

DURANT, JASON
2421 N. E. 49TH STREET
APT. 11
FORT LAUDERDALE, FL 33308

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: JASON DURANT

09/02/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KIESLICH, KARI
Address: 110 REPUBLIC DRIVE
City-St-Zip: NORTH HAVEN, CT 06473

Title: MGRM () Delete
Name: KIESLICH, KUAI
Address: 110 REPUBLIC DRIVE
City-St-Zip: NORTH HAVEN, CT 06473

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIESLICH, KARL
Address: 2600 STATE STREET
City-St-Zip: HAMDEN, CT 06517

Title: MGRM (X) Change () Addition
Name: KIESLICH, KURT
Address: 2600 STATE STREET
City-St-Zip: HAMDEN, CT 06517

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KARL KIESICH

MGRM

09/02/2004

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