

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002549

FILED
Apr 26, 2010
Secretary of State

Entity Name: DJM ASSET MANAGEMENT, LLC

Current Principal Place of Business:

101 HUNTINGTON AVE., 10TH FLOOR
C/O GORDON BROTHERS GROUP, LLC
BOSTON, MA 02199

New Principal Place of Business:

Current Mailing Address:

101 HUNTINGTON AVE., 10TH FLOOR
C/O GORDON BROTHERS GROUP, LLC
BOSTON, MA 02199

New Mailing Address:

FEI Number: 04-3436241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR
Name: FRIEZE, MICHAEL G
Address: 101 HUNTINGTON AVE., 10TH FLOOR
City-St-Zip: BOSTON, MA 02199

Title: MGR
Name: SAGER, ROBERT C
Address: 101 HUNTINGTON AVE., 10TH FLOOR
City-St-Zip: BOSTON, MA 02199

Title: MGR
Name: PAGLIA, ROBERT L
Address: 101 HUNTINGTON AVE., 10TH FLOOR
City-St-Zip: BOSTON, MA 02199

Title: MGR
Name: AMENDOLA, EMILIO
Address: 101 HUNTINGTON AVE., 10TH FLOOR
City-St-Zip: BOSTON, MA 02199

Title: MGR
Name: COHEN, MITCHELL H
Address: 101 HUNTINGTON AVE., 10TH FLOOR
City-St-Zip: BOSTON, MA 02199

Title: MGR
Name: GRAISER, ANDREW
Address: 101 HUNTINGTON AVE., 10TH FLOOR
City-St-Zip: BOSTON, MA 02199

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: ROBERT L. PAGLIA

MGR

04/26/2010

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