


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90075 017 \*\*\*\*50.00

**DOCUMENT # L02000018745**

1. Entity Name  
 HDJD INVESTMENTS, L.L.C.



Principal Place of Business  
 4690 LIPSCOMB ST. NE  
 STE #5  
 PALM BAY, FL 32905

Mailing Address  
 P.O. BOX 110176  
 PALM BAY, FL 32911-0176

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip, Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip, Country

02112004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 82-0556165

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R  
 1221 EAST NEW HAVEN AVE.  
 MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROUGH, JOHN D P.O. BOX 110176 PALM BAY, FL 329110176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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 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:** *John D. Dorough*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: *4/28/04* Daytime Phone #: *(321) 725-7418*