


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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| DOCUMENT # L02000018745 |  |
| 1. Entity Name HDJD INVESTMENTS, L.L.C. | |

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|---|---|
| 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 |
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|--|--|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country |
|--|--|---------|

02112004 Chg-LLC CR2E083 (10/03)

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|-----------------------------|--|
| 4. FEI Number 82-0556165 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVE. MELBOURNE, FL 32901 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
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| 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 |
| 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 |
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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*