## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## **FILED** Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90037 021 \*\*\*\*50.00

DOCUMENT # L0000004503  1. Entity Name DJMV, LLC							04-28-2005 9	90037 02	1 ****5	0.00
Principal Place of Business 2500WESTONROAD,SUITE105 WESTON,FL33331		Mailing Address 2500WESTONROAD,SUITE105 WESTON,FL33331				140	4588 <b>4</b>		51 <b>8</b> 4911 <b>83118</b> 5 11	<b>(\$1)</b> (6) (45)
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04222005	Chg-LLC	CR2E08	3 (10/03)	
City & State		City & State				4. FEI Numbe 65-1021			<del></del>	oplied For ot Applicable
Z <del>i</del> p	Country	Zip	Zip Count			5. Certificate of Status Desired See Required \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent.						7. Name and	Address of New Re	gistered A	gent	
BEFELER, GEORGE				Name						
80 S.W. 8 STREET, SUITE 3100 MIAMI, FL 33130 5				Street A	Address (P	O. Box Numbe	r is Not Acceptable)			
	•			City				FL	Zip Cod	е
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 acc									and accept	
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title (I applicable). (NOTE: Registered Agent signature required when reinstating)  DATE										
		1								
Fi D	iling Fee is \$50.00 ue by May 1, 2005					Make check payable to Florida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS/0	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRICENO, DOUGLAS 2500 WESTON ROAD, SUITE 10 WESTON, FL 33331	□ Dølete	1		2500	CEND	DONGLA RD Suite 33331	S J=	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				MECLO CENSO	r 3333T 7 KN m! 2EVN m!	re 10	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Detete			ļ				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delele							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Detete							Change	Addilion
11. I hereby certify that the information supplied with this filing does not que!!fy 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 approvered to execute this report as required by Chapter 608. Florida Statutes.										

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date