

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90031 048 \*\*\*\*50.00

**DOCUMENT # L00000008299**

1. Entity Name  
DJ & M DEVELOPERS, L.C.



Principal Place of Business  
2500WESTONROAD,SUITE105  
FORTLAUDERDALE,FL33327

Mailing Address  
2500WESTONROAD,SUITE105  
FORTLAUDERDALE,FL33327

**14005553**



**DO NOT WRITE IN THIS SPACE**

04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-1026715**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BEFELER, GEORGE ESQ.  
80 S.W. 8TH STREET, SUITE 3100  
MIAMI, FL 33130

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BRICENO, DOUGLAS  
2500 WESTON ROAD, SUITE 105  
FORT LAUDERDALE, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BRICENO, INES  
2535 ROYAL PALM WAY  
WESTON, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**04-26-05**