2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90064 044 ****50.00

24060407

DOCUMENT# L00000009450

1. EntityName
DJFDEVELOPMENTLLC

PrincipalPlaceofBusiness	MailingAddress
1925 BRICKELL AVENUE, SUITE D-206 BRICKELL PLACE CONDOMINIUM MIAMI, FL 33129	1925 BRICKELL AVENUE, SUITE D-206 BRICKELL PLACE CONDOMINIUM MIAMI, FL 33129
2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

02162004 Chg-LLC CR2E083(10/03)

4. FEINumber 65-1038560 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ $5.00 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

BESU,ROGERP.A.
1925BRICKELLAVENUE,SUITED-206
BRICKELLPLACECONDOMINIUM
MIAMI,FL33129

7. NameandAddressofNewRegisteredAgent

Name Miami Corporate Registry
StreetAddress (P.O.BoxNumberisNotAcceptable)
1925 Brickell Ave. D206
City Miami FL ZipCode 33129

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent. Miami Corporate Registry

SIGNATURE By [signature] 4-26-04
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (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. MANAGINGMEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGR FERNANDEZ,JOSEDANIEL 1925BRICKELLAVENUE,SUITED-206 MIAMI,FL33129	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatutes.

SIGNATURE: [signature] 4-26-04 305-854-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE Date DaytimePhone#