

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000013825	
1. Entity Name DAJ'S PROPERTY MANAGEMENT, L.L.C.	
Principal Place of Business 3225 S MACDILL AVE STE 129-258 TAMPA, FL 33629	Mailing Address 3225 S MACDILL AVE STE 129-258 TAMPA, FL 33629



02072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3682493	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

**NEUKAMM, JOHN B
% MEEHAN/NUCCIO PA
101 E. KENNEDY BLVD., SUITE 3140
TAMPA, FL 33602-5151**

**DO NOT WRITE
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	MGR JOHNSON, DEBRA A 3225 S MACDILL AVE STE 129-258 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, DAVID A 3225 S MACDILL AVE STE 129-258 TAMPA, FL 33629
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	

U00000358594
05/04/05-80121-005 50.00

**DO NOT WRITE
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 #

4/29/05 (813-837-9791)