

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90152 042 ****50.00

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**

60024309



02192007No Chg-LLC

CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

**NEUKAMM, JOHN B
305 S. BLVD.
TAMPA, FL 33606**

**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, 2007**

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

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/8/07 (813) 334-8368
Date Daytime Phone #