2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015737

1. Entity Name

DJM ENTERPRISES, L.L.C.



FILED

Jan 27, 2006 08:00 AN

Secretary of State

Principal Place of Business

301 WEST CAMINO GARDENS BLVD. SUITE 101

BOCA RATON, FL 33432

SIGNATURE:

Mailing Address

P.O. BOX 352

BOCA RATON, FL 33432



06

Daytime Phone #

Date

01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1060864 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACHEN, JIM D MACHEN POWERS & DISQUE, CHARTERED 301 WEST CAMINO GARDENS BLVD., SUITE 101 BOCA RATON, FL 33432

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	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or register	ed agent, or both, in the State of	of Florida. 1 am famillar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required	J when reinstating)	DATE
F	lling Fee is \$50.00 ue by May 1, 2006			-
9.	MANAGING MEMBERS/MANAGERS	200 (4.8.3	A CONTRACTOR OF THE PARTY OF TH	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MJD VENTURES, INC. P.O. BOX 352 BOCA RATON, FL 33432	The state of the s		0000404358 2000424358 200432-024-50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BAILEY, GARY S P.O. BOX 352 BOCA RATON, FL 33432			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		President and	DO NOT	WRITE
TITLE NAME STREET ADDRESS ONY-ST-ZP	· ·	i grande sager de la companya de la	IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling acces 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 mustignature 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 employered to execute this report as required by Chapter 608, Florida Statutes.

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

Gary S. Bailey