


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000015737 1. Entity Name DJM ENTERPRISES, L.L.C.	
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Principal Place of Business 301 WEST CAMINO GARDENS BLVD. SUITE 101 BOCA RATON, FL 33432	Mailing Address P.O. BOX 352 BOCA RATON, FL 33432
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01102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1060864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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	MEM MJD VENTURES, INC. P.O. BOX 352 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BAILEY, GARY S P.O. BOX 352 BOCA RATON, FL 33432
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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:  **Gary S. Bailey** **1/19/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #