

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000001411**

1. Entity Name  
**D & J PROPERTIES, LLC**



Principal Place of Business  
**511 MEDICAL PLAZA DRIVE  
SUITE 101  
LEESBURG, FL 34748**

Mailing Address  
**511 MEDICAL PLAZA DRIVE  
SUITE 101  
LEESBURG, FL 34748**



03042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3694746**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WALKER, GARY  
100 S. ASHLEY DRIVE  
SUITE 1500  
TAMPA, FL 33602**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000947059  
05/30/08-80073-024 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LEW, DAVID
STREET ADDRESS	5201 BANANA POINT DRIVE
CITY-ST-ZIP	OKAHUMPKA, FL 34762
TITLE	MGRM
NAME	LEW, JUNE
STREET ADDRESS	5201 BANANA POINT DRIVE
CITY-ST-ZIP	OKAHUMPKA, FL 34762
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

✓ 4/30/08

Date

(352) 728-6808

Daytime Phone #