

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003829

Entity Name: DAJ FINANCIAL LLC

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

850 TOWNE CENTER DR.
KISSIMMEE, FL 347593468

New Principal Place of Business:

Current Mailing Address:

850 TOWNE CENTER DR.
KISSIMMEE, FL 347593468

New Mailing Address:

FEI Number: 59-3702638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARA, ROBERT
931 SOUTH SEMORAN BLVD
SUITE 214
WINTER PARK, FL 327925317 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARA, ROBERT
Address: 931 SOUTH SEMORAN BLVD SUITE 214
City-St-Zip: WINTER PARK, FL 327925317

Title: MGRM () Delete
Name: HARA, JUDITH R
Address: 931 SOUTH SEMORAN BLVD SUITE 214
City-St-Zip: WINTER PARK, FL 327925317

Title: MGRM () Delete
Name: HARA, JACOB M
Address: 931 SOUTH SEMORAN BLVD SUITE 214
City-St-Zip: WINTER PARK, FL 327925317

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACOB M. HARA

MGRM

01/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date