


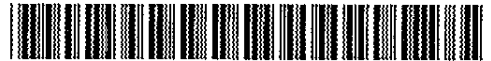
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000012954 1. Entity Name DAJ, LLC	
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Principal Place of Business 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 34233	Mailing Address 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1129152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MC SWEENEY, ANINA C 3665 BEE RIDGE ROAD SUITE 310 SARASOTA, FL 34233	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

U00000105611
 04/07/04-80032-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARRION, JAIME S 3665 BEE RIDGE ROAD # 310 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	04-02-04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>