

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90077 024 ****50.00

DOCUMENT # L02000003130

1. Entity Name
DJW, L.L.C.



Principal Place of Business
**2375 NORTH TAMiami TRAIL, STE. 206
NAPLES FL 34103**

Mailing Address
**2375 NORTH TAMiami TRAIL, STE. 206
NAPLES FL 34103**

2. Principal Place of Business
7000 BIG ISLAND RANCH RD
Suite, Apt. #, etc.

3. Mailing Address
7000 BIG ISLAND RANCH RD.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
04-3598074

Applied For
☐ Not Applicable

Zip
34120

Country
USA

Zip
34120

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDANIEL, WILLIAM L JR.
2375 NORTH TAMiami TRAIL, STE. 206
NAPLES FL 34103**

Name
WILLIAM L. MCDANIEL, JR.
Street Address (P.O. Box Number is Not Acceptable)
7000 BIG ISLAND RANCH ROAD
City **NAPLES** FL Zip Code **34120**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
WILLIAM L. MCDANIEL, JR.
7000 BIG ISLAND RANCH RD.
NAPLES, FL 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
JAMES E. IUGY JR.
2280 19TH ST. S.W.
NAPLES, FL 34120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]* **REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)