

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

ORIGINAL
APR 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000013705

1. Entity Name
DJ HEAVEN ENTERPRISES, LLC



Principal Place of Business
2667-2695 LAKE HAVEN RD
WEST PALM BEACH, FL 33415 US

Mailing Address
4971 BONSAI CIRCLE
SUITE 201
PALM BEACH GARDENS, FL 33418 US



03242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0721246

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRCLOUGH, MICHAEL J
11380 PROSPERITY FARMS RD., STE. 112
PALM BEACH GARDENS, FL 33410

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	PSD
NAME	WONG, DOMINIC
STREET ADDRESS	4971 BONSAI CIRCLE SUITE 201
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VT
NAME	LAU, CHI M
STREET ADDRESS	2685 LAKE HAVEN ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000509318
04/28/06-80035-018 50.00

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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: _____

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

DOMINIC WONG

Date

Daytime Phone #

4/11/06 (561) 762-4302