
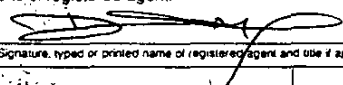



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90102 029 ***138.75

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 4814 CADIZ CIR. SUITE 201 PALM BEACH GARDENS, FL 33418 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 4814 Cadiz Circle		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Palm Beach Gardens, FL		
Zip		Country		4. FEI Number 01-0721246	
33418		USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FAIRCLOUGH, MICHAEL J 8409 N MILITARY TRAIL STE 119 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name Dominic Wong Street Address (P.O. Box Number is Not Acceptable) 4814 Cadiz Circle City Palm Beach Gardens FL Zip Code 33418	
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 4/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WONG, DOMINIC 4971 BONSAI CIRCLE SUITE 201 PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Wong, Dominic 4814 Cadiz Circle Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LAU, CHI M 2685 LAKE HAVEN ROAD WEST PALM BEACH, FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Lau, Chi M 4811 Cadiz Circle Palm Beach Gardens FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				Date 4/10/08 (561) 762-4307	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					