

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90040 033 *****55.00

DOCUMENT # L02000016951 1. Entity Name DJD REALTY, LLC					
Principal Place of Business 950 GLADES RD 5TH FLR BOCA RATON, FL 33431			Mailing Address 950 GLADES RD 5TH FLR BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 56-2283936	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, PATRICK 950 GLADES RD 5TH FLR BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name PHYLLIS GRAHAM Street Address (P.O. Box Number is Not Acceptable) 950 GLADES ROAD 5TH FLOOR City BOCA RATON	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE <i>Phyllis C. Graham</i> PHYLLIS GRAHAM				DATE 3/25/05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, PATRICK V 950 GLADES RD 5TH FLR BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHYLLIS GRAHAM 950 GLADES ROAD, 5TH FLOOR BOCA RATON, FL 33431
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <i>Phyllis C. Graham</i> PHYLLIS GRAHAM 3/25/05 ✓ 561 441-5242					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					