## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000016951  1. Entity Name DJD REALTY, LLCC					04-20-2005 90040 033 ****55.00		
Principal Plac	e of Business	Mailing Address			t jaka sheke		
950 GLADES RD 95			• ••				
STH FLR STH FLR BOCA RATON, FL 33431 BOCA RATON, FL 33431			31			•	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			[]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05 Chg-LLC	CR2E083 (10/03)	
City & State		City & State	City & State		umber 2283936	<b>├</b>	oplied For ot Applicable
Zip	Country	Zip	Country		cate of Status Desired	\$5.00 Add	ditional
	6. Name and Address of C	urrent Registered Agent	-	7. Name	and Address of New		
00	5.7000		Name				
GRAHAM, PATRICK 950 GLADES RD 5TH FLR			Street A	Street Address (P.O. Box Number is Not Acceptable)			
	TON, FL 33431			950 GLADES ROAD			
				5TH FLOOR			
			City	BOCA RATON F- 133431			
	tions of registered agent.	COTIVE -	registered office of  LIS GRAH  : Registered Agent signan	MA		3   25   05   OATE	and accept
1 ' '	and the second	and the second of the second of		•			
D	iling Fee is \$50.00 ue by May 1, 2005	NCMOTEO (MANA OCEO)			Floric	ke check payable to la Department of Stat	e
9.	ue by May 1, 2005 MANAGING I	MEMBERS/MANAGERS	10.	MGRM	Floric	la Department of Stat	
D	ue by May 1, 2005	MEMBERS/MANAGERS  KI Delete	10. TITLE NAME	MGRM PHYLLIS	Florid ADDITIONS	la Department of Stat	e X Addition
9. TILE	MANAGING I MGRM GRAHAM, PATRICK V 950 GLADES RD 5TH FLF	⊠ Delete	TITLE	PHYLLIS 950 GL	ADDITIONS  GRAHAM ADES ROAD,	la Department of Stat	
9. TITLE NAME STREET ADDRESS	MANAGING I MGRM GRAHAM, PATRICK V	⊠ Delete	TITLE NAME STREET ADDRESS	PHYLLIS 950 GL	ADDITIONS  GRAHAM	la Department of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING I MGRM GRAHAM, PATRICK V 950 GLADES RD 5TH FLF	⊠ Celete	TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	PHYLLIS 950 GL	ADDITIONS  GRAHAM ADES ROAD,	la Department of Stat  S/CHANGES  Change  5TH FLOOR 33431	<b>X</b> 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 empoweged to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPET PA PRINTED NAME OF SIGNATURE MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayure Pront &