


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000030621</b> 1. Entity Name <b>DJM EXCHANGE PROPERTY I, LLC</b>	
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Principal Place of Business <b>4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652</b>	Mailing Address <b>4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652</b>
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02192004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number <b>36-4512764</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MITCHELL, DEWEY 4532 U.S. HIGHWAY 19, 2ND FLOOR NEW PORT RICHEY, FL 34652</b>
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**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 reappointing) DATE

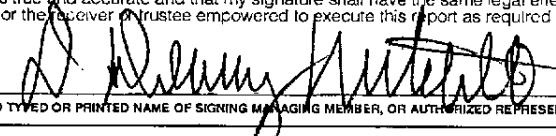
**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, DEWEY D 4532 U.S HIGHWAY 19 2ND FLOOR NEW PORT RICHEY, FL 34652
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04/29/04-80143-011 50.00

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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:**  **4-27-04** **727-847-6556**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #