


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 27 AM 10:47

DOCUMENT # L03000007823 1. Entity Name DSJ CLIPS, LLC					
Principal Place of Business 3206 SW 35TH BLVD GAINESVILLE, FL 32605			Mailing Address P.O. BOX 2640 LUTZ, FL 33548		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 3206 SW 35th Blvd		Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State			
Zip 32608		Country USA		06142005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2355613				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'LEARY, MICHAEL 101 E. KENNEDY BLVD. SUITE 2700 TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHUNIAK, SCOTT M P.O. BOX 2640 LUTZ, FL 33548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Scott Behuniak GP</u> 6/14/05 813-966-8597 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					