## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000017545

1. Entity Name DONJOC, L.L.C.



Secretary of State 03-21-2005 90540 005 \*\*\*\*50.00

**FILED** 

Mar 21, 2005 8:00 am

Principal Place of Business

7465 NORTH PALAFOX STREET PENSACOLA, FL 32503

Mailing Address

7465 NORTH PALAFOX STREET PENSACOLA, FL 32503



01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 27-0058035

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

D	O	NO	L	WF	RIT	E	IN	TH	IS	SF	PAC	E

---- 6." Name and Address of Current Registered Agent ---

MOORE, DONALD
7465 NORTH PALAFOX STREET
PENSACOLA EL 32503

## DO NOT WRITE IN THIS SPACE

PENSACOLA, FL 32503	IN THIS SPACE
<ol><li>The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.</li></ol>	istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	gistered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2005	
9. MANAGING MEMBERS/MANAGERS  IIILE MGRM  MOORE, DONALD W  STREET ADDRESS CITY-ST-ZIP PACE, FL 325719619	
TITLE NAME STREET AODRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	

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 significance 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 received or trustee empowered to precure this report as required by Chapter 608, Florida Statutes.

SIGNATURE

CITY-ST-ZIP

DONALD W. MOORE

3/15/05

(850)478-6150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #