

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000030868

1. Entity Name
DJACC LIMITED LIABILITY COMPANY



Principal Place of Business
**C/O BUTZEL LONG, PC
STE 420, 1200 NORTH FEDERAL HWY
BOCA RATON, FL 33432**

Mailing Address
**C/O BUTZEL LONG, PC
STE 420, 1200 NORTH FEDERAL HWY
BOCA RATON, FL 33432**



02012006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1457195

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAYMOND, JOHN J JR.
BUTZEL LONG, PC
STE 420, 1200 NORTH FEDERAL HWY
BOCA RATON, FL 33432**

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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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CARRANO, CAROLYN
1200 N FEDERAL HWY, STE 420
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FELIC, ROBERT
8415 BRIDLEPATH
BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #