

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90019 013 ****50.00

DOCUMENT # L03000031699

1. Entity Name
DSJ MILLHOPPER, LLC



Principal Place of Business
**2011 NW 43RD ST
GAINESVILLE, FL 32605**

Mailing Address
**P.O. BOX 2640
LUTZ, FL 33548**

20034964



03022006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0145802	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**O'LEARY, D. MICHAEL
101 E. KENNEDY BLVD., SUITE 2700
TAMPA, FL 33602**

**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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEHUNIAK, SCOTT M P.O. BOX 2640 LUTZ, FL 33548
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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

4/20/06
Date

813-966-8899
Daytime Phone #