## 2005 LIMITED LIABILITY COMPANY \_\_ANNUAL REPORT

## FILED Apr 16, 2005 08:00 AM Secretary of State

DOCUMENT # L03000036697  1. Entity Name DJS, LLC			Secretary of Stat	
2185 RADN	ce of Business OR CT. M BEACH, FL 33408	Mailing Address 2185 RADNOR CT. NORTH PALM BEACH, FL 33	3408	
DO NOT WRITE IN THIS SPACE				02072005 No Chg-LLC CR2E083 (10/03)  4. FEJ Number Applied For Not Applicable  5. Certificate of Status Desired S5.00 Additional Fee Required
2185 RAD	6. Name and Address of Curren FZ, DIANE C NOR CT. ALM BEACH, FL 33408	Registered Agent		DO NOT WRITE IN THIS SPACE
the obliga	tions of registered agent.  Signature, lyped or printed name of registered agen		ered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept dependent of the state of Florida. I am familiar with, and accept dependent of the state of Florida. I am familiar with, and accept dependent of the state of Florida. I am familiar with, and accept dependent of the state of Florida. I am familiar with, and accept dependent of the state of Florida. I am familiar with, and accept dependent of the state of Florida. I am familiar with, and accept dependent of the state of Florida. I am familiar with, and accept dependent of the state of Florida. I am familiar with, and accept dependent of the state of Florida. I am familiar with, and accept dependent of the state of Florida. I am familiar with, and accept dependent of the state
	iling Fee is \$50.00 ue by May 1, 2005	FDQ WHAVACEON		
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMB MGR SUROWITZ, DIANE C MGR 2185 RADNOR CT NORTH PALM BEACH, FL 334			· ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000309312 04/16/05-80032-008 150.00
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NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				the state of the s
11. I hereby of indicated fimited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	this filing does not qualify for the extract my signature shall have the sare empowered to execute this report	kemption stated in Se me legal effect as if m as required by Chapt	ction 119.07(3)(i), Florida Statutes. I further certify that the information rade under oath; that I am a managing member or manager of the ter 608, Florida Statutes.