2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037691

1. Entity Name
DJ HOLDINGS, LLC



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

1515 NORTH FEDERAL HIGHWAY

SUITE #105 BOCA RATON, FL 33432 Mailing Address

1515 NORTH FEDERAL HIGHWAY SUITE #105

BOCA RATON, FL 33432



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01312006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0283954 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DONALD J ESQUIRE 1515 NORTH FEDERAL HIGHWAY SUITE #105 BOCA RATON, FL 33432

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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)

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Filing Fee is \$50.00 Due by May 1, 2006 04/28/06-80058-023 50.00^M

¥.	WANAGING WEMBERS/WANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, DONALD J ESQUIRE 1515 NORTH FEDERAL HIGHWAY, #105 BOCA RATON, FL 33432
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. Inereby	certify that the information supplied with this filling does not qualify for the ex-

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 trusteel 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

12/106

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Daylime Phone #