

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046042

Entity Name: LDJ PROPERTIES, LLC

FILED
Mar 23, 2005
Secretary of State

Current Principal Place of Business:

995 N SR 434 SUITE 401
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

995 N SR 434 SUITE 401
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 02-0712290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLOTNIK, GARY
995 N STATE ROAD 434, SUITE 401
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

PLOTNIK, GARY R
995 N STATE ROAD 434, SUITE 401
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: GARY R PLOTNIK

03/23/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NELSON, JAMES
Address: 995 N SR 434 SUITE 401
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NELSON, JAMES S
Address: 995 N SR 434 SUITE 401
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Change (X) Addition
Name: PLOTNIK, GARY R
Address: 995 N SR 434 SUITE 401
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES S NELSON

MGRM

03/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date