## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

05-02-2005 90088 013 \*\*\*\*50.00

DOCUMENT # L0400003879  1. Entity Name  DJD INVESTMENTS LLC						Ju	LED n 30, 200	)5 8:00	) A.M.
	<b>~</b> '	•			10	Sec	cretary o	of State	•
Principal Place 4300 N. OCE FORT LAUD	AN BLVD.	, APT. 15-H	Mailing Address 4300 N. OCEAN BLVD., APT. 15-H FORT LAUDERDALE FL 33308						
2. Principal Pl	ace of Busin	ess	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				ıst MOORE C	R2E083 (10/04)	
City & State			City & State			4. FEI Number Applied For Not Applicable			
Zip	Zip Country		Zip Country		try	5. Certificate of Status Desired S5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Name									
	NGS, INC 2 NORTH	: West 16th Stree	т		Street Address	(P.O. Box Nurr	DOYLE ber is Not Acceptable)	Bn+ 15-	н
FOR	T LAUDE	ERDALE FL 33308				409640	(		
			1		City			FL Zp Cod	38
8. The above named entity submits this statement or 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 apent.									
SIGNATURE Signature, typed or printed harme in indicatory of agent and later applicable (NOTE Registered Apent agrecture required when reinstating)  DATE									
FILE NOW!!! FEE IS \$50.00									
Make Check Payable to Florida Department of State Oue By May 1, 2005									
9.		MANAGING MEMBER	<u> </u>	10.	<u> </u>	-	ADDITIONS/CH	MANGES	
THE	MGRM	MATORITO MEMBER	☐ Delete	TITL			ADDITIONATION	Change	Addition
NAME STREET ADDRESS	DOYLE, D	AWN J ÇEAN BLVD., APT. 15-H		NAM	Æ EET ADDRESS				İ
CITY-ST-ZIP		DERDALE FL 33308			7-SI-ZIP				
MILE		3	☐ Delate	IJŢĻ				Change	Addition
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CITY-ST-ZIP				CITY-ST-ZIP					
THE			☐ Delate					☐ Change	Addition
NAME STREET ADDRESS				NAN STR	EET ADDRESS				
CITY-51-ZIP				CITY	Y-SI-ZIP				
TITLE NAME			Celeta	TITI Naa	1			Change	Addition
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP		- <del></del>			Y-S1-ZIP				
NAME			☐ Delete	TITE NAM	-			Change	Addition
STREET ADDRESS					EET ADORESS				
CITY-ST-ZIP				-	Y-ST-ZIP				
TITLE NAME			☐ Detete	TIT! NA)				Change	Addition
STREET ADDRESS				STR	KET ADDRESS Y-S1-ZIP				
11. I hereby	certify that the	e information supplied with	this fling does not quality to			Section 119.07	(3)(i), Florida Statutes, I fu	orther certify that the i	nformation
11. I hereby certify that the information supplied with this fling does not qualify 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 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 approvered to execute this report as required by Chapter 508, Florida Statutes.									
SIGNATURE:  SIGNATURE AND TYPED OR PENNED NAME OF SIGNAM MANAGEMENT MANAGEMENT AUTHORIZED REPRESENTATIVE  DEFO. DOWNTO Prom #									
<u> </u>	awar uxe	TIPED OK PROMJED NAME OF	SOUTHWAY MANUFACTURE MANUFACTU	HANGE IT, O	M AUTRUKIZED HEPRE	OCRIA ITY E	Daze	Daytme Phone #	