

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000028838**

1. Entity Name  
**DJG DEVELOPERS, LLC**



Principal Place of Business  
**469 S.W. ROSEWOOD COVE  
PORT ST. LUCIE, FL 34986**

Mailing Address  
**469 S.W. ROSEWOOD COVE  
PORT ST. LUCIE, FL 34986**



04142006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3794183**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SANTOS, DONALD  
469 S.W. ROSEWOOD COVE  
PORT ST. LUCIE, FL 34986**

**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**

000000518642  
05/02/06-80020-013 50.00

**9. MANAGING MEMBERS/MANAGERS**

|                |                            |
|----------------|----------------------------|
| TITLE          | MGR                        |
| NAME           | SANTOS, DONALD             |
| STREET ADDRESS | 469 SW ROSEWOOD CIR        |
| CITY-ST-ZIP    | PORT SAINT LUCIE, FL 34986 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| TITLE          |  |
| NAME           |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
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:** Donald Santos mgr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #