2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000028838

1. Entity Name
DJG DEVELOPERS, LLC

FILED Feb 19, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

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



01302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3794183

Applied For Not Applicable

5. Certificate of Status Desired

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\$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

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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, an	d accept
	the obligations of registered agent.		

SIGNATURE.

Signeture, typed or printed name of registered agent and stie if applicable

(NOTE: Registered Agent alignature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000831865 02/27/08-80036-022 143.75

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTOS, DONALD 469 SW ROSEWOOD CIR PORT SAINT LUCIE, FL 34986	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the ex	

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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 trusper empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4,3/08

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