## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L04000030547

1. Entity Name
ZDJW PROPERTIES, LLC

Principal Place of Business .

Mailing Address

11228 ST. JOHNS INDUSTRIAL PARKWAY IACKSONVILLE, FL 32246

P O BOX 1472

PALM HARBOR, FL 34682

FILED
Jan 13, 2006 08:00 AM
Secretary of State



 $\Box$ 

DO NOT WRITE IN THIS SPACE

01052006No Chg-LLC CR2

CR2E083 (11/05)

4. FEI Number 20-1028572 Applied For Itlot Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

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DICAMILLO, ROBERT J 3601 ALTERNATE 19 PALM HARBOR, FL 34683

## DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of chan the obligations of registered agent.	iging its registered uffice or registered agent, or bo	oth, in the State of Florida.	I am familiar with, and accept
C1	GNATURE	•		
21	Aquation for the a first same of coast or agent a 1911 to the account	र प्रतार व्यक्त र प्रतिकृतिक न वृत्तक अन्तर स्वतः स्वतः व्यक्तिक स्वतः स्वतः	<del></del>	DATE

#### Filing Fee is \$59.00 Due by May 1, 2006

9.		
TITLE LAME STREET ADDRESS CITY ST ZIP	MGR ZITIELLO, THOMAS L 8152 SEVEN MILE DRIVE PONTE VEDRA BEACH, FL 32082	
TITLE TAME STOKET ADDRESS CITY ST ZIP	MGR DICAMILLO, ROBERT J 2892 CYPRESS POINTE COURT TARPON SPRINGS, FL 34688	
TITLE  TAME  STREET ADDRESS  OITY ST ZIP		
THE LANGE STREET ALORESS CUTY ST. 201		
HILE HAME STREET ADDRESS CITY ST ZIP		
TITLE HALME STREET ADLINESS CITY ST ZIF		

01/18/06-80027-008 50.00

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11. Thereby certify that the difformation 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 it limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

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

) SHC

Dept to Profes