2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90035 013 ****50.00

DOCUMENT # L04000038585

1. Entity Name
DJT, LLC

Principal Place of Business	Mailing Address
941 S.W. 12TH AVENUE POMPANO BEACH, FL 33069	941 S.W. 12TH AVENUE POMPANO BEACH, FL 33069

04222005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		2340 NEWBURG RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BELVIDERE, IL	
Zip	Country	Zip 61008	Country US

4. FEI Number: 83-0396407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVE., 28TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM ☐ Delete CARPENTER CONTRACTORS OF AMERICA, INC 941 SW 12 AVE POMPANO BEACH, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/27/05 954-781-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #