


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90030 012 \*\*\*\*50.00

<b>DOCUMENT # L04000044044</b>	
1. Entity Name <b>D.J.M. DEVELOPMENT, LLC</b>	

Principal Place of Business <b>1550 N. VIEW DRIVE MIAMI BEACH, FL 33139</b>	Mailing Address <b>1550 N. VIEW DRIVE MIAMI BEACH, FL 33139</b>
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2. Principal Place of Business - No P.O. Box # <b>1550 N. VIEW DRIVE</b>	3. Mailing Address <b>1550 N. VIEW DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI BEACH FL</b>	City & State <b>MIAMI BEACH FL</b>
Zip <b>33140</b>	Country
Zip <b>33140</b>	Country



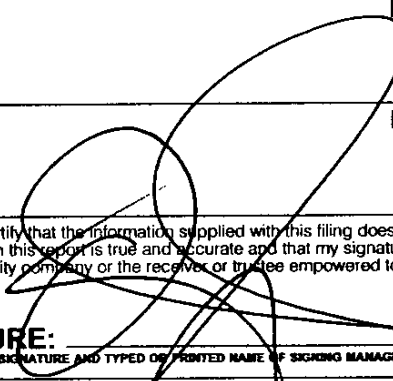
01082007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>MARTINCAK, DAN 1550 N VIEW DR MIAMI BEACH, FL 33139</b>	
7. Name and Address of New Registered Agent Name <b>DANIEL J. MARTINCAK</b> Street Address (P.O. Box Number is Not Acceptable) <b>1550 N. VIEW DRIVE</b> City <b>MIAMI BEACH FL</b> Zip Code <b>33140</b>	

4. FEI Number <b>20-1290318</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
<b>Filing Fee is \$50.00 Due by May 1, 2007.</b>	<b>Make check payable to Florida Department of State</b>

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINCAK, DANIEL J 1550 N. VIEW DRIVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIEL J. MARTINCAK 1550 N. VIEW DRIVE MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINCAK, DAN 1550 N VIEW DR MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUREN MARTINCAK 1550 N. VIEW DRIVE MIAMI BEACH FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D J M MGMT INC 1550 N VIEW DR MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<b>DANIEL J. MARTINCAK</b> Date <b>JAN 10, 2007</b> Daytime Phone # <b>305-326-9566</b>