
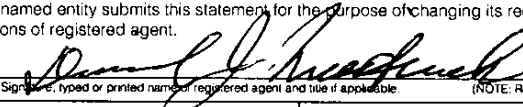



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90019 024 ***143.75

DOCUMENT # L04000044044 1. Entity Name D.J.M. DEVELOPMENT, LLC					
Principal Place of Business 1550 N. VIEW DRIVE MIAMI BEACH, FL 33140			Mailing Address 1550 N. VIEW DRIVE MIAMI BEACH, FL 33140		
2. Principal Place of Business - No P.O. Box # 4700 LAKE ROAD Suite, Apt. #, etc.			3. Mailing Address 4700 LAKE ROAD Suite, Apt. #, etc.		
City & State MIAMI FLORIDA Zip Country 33137 USA			City & State MIAMI Florida Zip Country 33137 USA		
4. FEI Number 20-1290318			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			04282008 Chg-LLC CR2E083 (12/06) •		
6. Name and Address of Current Registered Agent MARTINCAK, DANIEL J 1550 N VIEW DR MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name MARTINCAK, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 4700 LAKE ROAD City MIAMI FL Zip Code 33137		
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  DATE _____ <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
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 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4700 LAKE ROAD MIAMI FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINCAK, LAUREN 1550 N. VIEW DRIVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4700 LAKE ROAD MIAMI FL 33137	<input checked="" 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 608, Florida Statutes.					
SIGNATURE: 			Date 5/20/08 Daytime Phone # 305 409-0992		