

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90027 020 \*\*\*\*50.00

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07232007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000044864</b>					
<b>1. Entity Name</b> D, J & J, LLC					
<b>Principal Place of Business</b> 1130 EAST PLANT STREET WINTER GARDEN, FL 34787			<b>Mailing Address</b> 1130 EAST PLANT STREET WINTER GARDEN, FL 34787		
<b>2. Principal Place of Business - No P.O. Box #</b> 1137 EAST PLANT STREET		<b>3. Mailing Address</b> 1137 EAST PLANT STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> WINTER GARDEN, FL		<b>City &amp; State</b> WINTER GARDEN, FL		<b>4. FEI Number</b> 34-2005597	
<b>Zip</b> 34787		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LAMAN, G. DOUGLAS 1130 EAST PLANT STREET WINTER GARDEN, FL 34787			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1137 EAST PLANT STREET City <u>WINTER GARDEN</u> <u>FL</u> Zip Code <u>34787</u>		
<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.</b> SIGNATURE  DATE <u>7-27-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> LAMAN, G. DOUGLAS <b>STREET ADDRESS</b> 1130 EAST PLANT STREET <b>CITY-ST-ZIP</b> WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 1137 EAST PLANT STREET <b>CITY-ST-ZIP</b> WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>			Date <u>7-27-07</u> Daytime Phone # <u>407-877-7722</u> #205		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE G. DOUGLAS LAMAN, MGR					