FILED
May 13, 2005 8:00 am
Secretary of State

04-20-2005 90042 048 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051602

1. Entity Name
DJY LLC

Principal Place of Business	Mailing Address
2784 IRMA LAKE DR WEST PALM BEACH, FL 33411	2784 IRMA LAKE DR WEST PALM BEACH, FL 33411

30006229

04112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4971 Bonsai Circle		4971 Bonsai Circle	
Suite, Apt. #, etc. #201		Suite, Apt. #, etc. #201	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33418	Country	Zip 33418	Country

4. FEI Number 20-1407593 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WONG, DOMINIC
2784 IRMA LAKE DR
WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name Wong, Dominic

Street Address (P.O. Box Number is Not Acceptable)
4971 Bonsai Circle, #201

City Palm Beach Gardens FL Zip Code 33418

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] 4/17/05
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	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	WONG, DOMINIC		NAME		
STREET ADDRESS	2784 IRMA LAKE DR		STREET ADDRESS	4971 Bonsai Circle, #201	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LAU, CHI MING		NAME		
STREET ADDRESS	2784 IRMA LAKE DR		STREET ADDRESS	4971 Bonsai Circle, #201	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 4/17/05 (561) 762-4307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #