

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058113

Entity Name: DSMJ ACQUISITIONS, LLC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

2548 ROSEHAVEN DRIVE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

P.O. BOX 2463
LUTZ, FL 33548

Current Mailing Address:

2548 ROSEHAVEN DRIVE
WESLEY CHAPEL, FL 33543

New Mailing Address:

P.O. BOX 2463
LUTZ, FL 33548

FEI Number: 11-3725015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAXENA, JAYANT
2548 ROSEHAVEN DRIVE
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

SAXENA, JAYANT
P.O. BOX 2463
LUTZ, FL 33548 US

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.

SIGNATURE:

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SAXENA, JAYANT
Address: 2548 ROSEHAVEN DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM () Delete
Name: DESAI, DIMPLE
Address: 1855 TARPON BAY DRIVE SOUTH
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAXENA, JAYANT
Address: P.O. BOX 2463
City-St-Zip: LUTZ, FL 33548

Title: MGRM (X) Change () Addition
Name: DESAI, DIMPLE
Address: P.O. BOX 2463
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAYANT SAXENA

MGRM

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date