

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058113

Entity Name: DSMJ ACQUISITIONS, LLC

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 2463
LUTZ, FL 33548

New Principal Place of Business:

19105 US HWY 41 NORTH SUITE 300
LUTZ, FL 33548

Current Mailing Address:

P.O. BOX 2463
LUTZ, FL 33548

New Mailing Address:

19105 US HWY 41 N. SUITE 300
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:

DESAI, DIMPLE
P.O. BOX 2463
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

DESAI, DIMPLE
19105 US HWY 41 NORTH SUITE 300
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:

01/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAXENA, JAYANT
Address: 19105 US HWY 41 NORTH SUITE 300
City-St-Zip: LUTZ, FL 33548

Title: MGRM (X) Change () Addition
Name: DESAI, DIMPLE
Address: 19105 US HWY 41 NORTH SUITE 300
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 Chapter 119, 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: DIMPLE DESAI

MGR

01/08/2007

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