

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000062437

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** DMJ, LLC

**Current Principal Place of Business:**

140 WEST MONROE STREET  
SUITE 200  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

140 WEST MONROE STREET  
SUITE 200  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 90-0199710      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

JOSSERAND, DAVID A  
140 WEST MONROE STREET.  
SUITE 200  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** JOSSERAND, DAVID A  
**Address:** 140 WEST MONROE STREET, SUITE 200  
**City-St-Zip:** JACKSONVILLE, FL 32202

**Title:** MGRM ( ) Delete  
**Name:** DALTON, JAMES S  
**Address:** 140 WEST MONROE STREET, SUITE 200  
**City-St-Zip:** JACKSONVILLE, FL 32202

**Title:** MGRM ( ) Delete  
**Name:** MUNZ, MICHAEL R  
**Address:** 140 WEST MONROE STREET, SUITE 200  
**City-St-Zip:** JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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: DAVID A. JOSSERAND      MGR      01/15/2009

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