

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065793

**FILED**  
**Jul 05, 2005**  
**Secretary of State**

**Entity Name:** DEJOHN, L.L.C.

**Current Principal Place of Business:**

900 ALTERNATE U.S. 19 NORTH  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 ALTERNATE U.S. 19 NORTH  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

78 ENCAMPMENT DRIVE  
BEDMINSTER, NJ 07921 US

**FEI Number:** 20-1560536      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KESSLER, MARY  
900 ALTERNATE U.S. 19 NORTH  
PALM HARBOR, FL 34683 US

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

KESSLER, MARY  
78 ENCAMPMENT DRIVE  
BEDMINSTER, FL 07921 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: MARY KESSLER

07/05/2005

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KESSLER, MARY  
Address: 78 ENCAMPMENT DRIVE  
City-St-Zip: BEDMINSTER, NJ 07921 US

**ADDITIONS/CHANGES:**

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

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: MARY KESSLER

MGRM

07/05/2005

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