

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90180 039 ***143.75

DOCUMENT # L04000067382	
1. Entity Name DJ, L.L.C.	

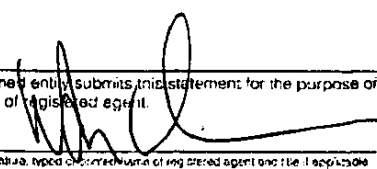
Principal Place of Business 2708 N. FEDERAL HWY DELRAY BEACH FL 33444	Mailing Address 2708 N. FEDERAL HWY DELRAY BEACH FL 33444
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 1st MOORE CR2E083 (10/07) 30-1618970 APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SCALZO, JOHN 2708 N. FEDERAL HWY DELRAY BEACH FL 33444

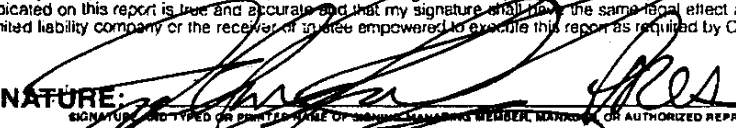
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	SIGNATURE 	DATE 2/19/08
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NOTE: Registered agent fee is \$138.75. After May 1, 2008, fee will be \$538.75. Make Check Payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCALZO, JOHN 2708 N. FEDERAL HWY DELRAY BEACH FL 33444 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEHLER, DANIEL 2708 N. FEDERAL HWY DELRAY BEACH FL 33444 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 is duly empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE 3/6/08