
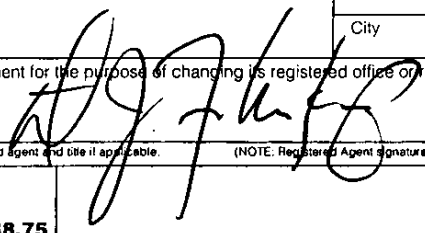
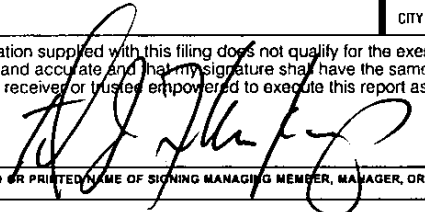


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90087 001 ***138.75

DOCUMENT # L04000088563 1. Entity Name DJF, LLC																													
Principal Place of Business 2911 NE PINE ISLAND ROAD CAPE CORAL, FL 33909 US			Mailing Address 2911 NE PINE ISLAND ROAD CAPE CORAL, FL 33909 US																										
2. Principal Place of Business - No P.O. Box # 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903		3. Mailing Address 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903		01072008 Chg-LLC CR2E083 (12/06)																									
Zip Country Zip Country		4. FEI Number 26-7865753		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent FULLENKAMP, DENNIS J 2911 NE PINE ISLAND ROAD CAPE CORAL, FL 33909																									
7. Name and Address of New Registered Agent Fullenkamp, Dennis J. 3443 Hancock Bridge Parkway Suite 301 N. Fort Myers, FL 33903				City State Zip Code FL																									
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 2-4-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGRM</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FULLENKAMP, DENNIS J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2911 NE PINE ISLAND ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33909</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	FULLENKAMP, DENNIS J		STREET ADDRESS	2911 NE PINE ISLAND ROAD		CITY-ST-ZIP	CAPE CORAL, FL 33909		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGRM</td> <td style="width:40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Fullenkamp, Dennis J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3443 Hancock Bridge Parkway</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Suite 301 N. Fort Myers, FL 33903</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Fullenkamp, Dennis J.		STREET ADDRESS	3443 Hancock Bridge Parkway		CITY-ST-ZIP	Suite 301 N. Fort Myers, FL 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DATE 2-4-08 DAYTIME PHONE # 239-495-4884																													