

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90037 049 \*\*\*\*50.00



**DOCUMENT # L05000003000**

1. Entity Name

D.P.J., L.L.C.

Principal Place of Business

4400 BAYOU BLVD., SUITE 42A  
 PENSACOLA FL 32503

Mailing Address

4400 BAYOU BLVD., SUITE 42A  
 PENSACOLA FL 32503



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E083 (10/05)

4. FEI Number

20-2145561

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BEASLEY, ROBERT O  
 220 WEST GARDEN STREET, SUITE 606  
 SUNTRUST TOWER  
 PENSACOLA FL 32502

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-06

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  Delete  
 NAME GILMORE, J. DAN  
 STREET ADDRESS 4400 BAYOU BLVD., SUITE 42A  
 CITY-ST-ZIP PENSACOLA FL 32503

TITLE MGR  Delete  
 NAME WALTERS, JOEL C  
 STREET ADDRESS 7604 WEST FAIRFIELD DR.  
 CITY-ST-ZIP PENSACOLA FL 32506

TITLE MGR  Delete  
 NAME KUMMEK, PETER M  
 STREET ADDRESS 183 MIRABELLE CIRCLE  
 CITY-ST-ZIP PENSACOLA FL 32514

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JOEL C. WALTER 4-3-06 850-857-1887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #