



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

04-24-2006 90038 043 ****50.00

DOCUMENT # L05000007542				
1. Entity Name DEJOHN LAWNWOOD, LLC				
Principal Place of Business 4675 ANGLERS AVENUE FORT LAUDERDALE, FL 33312		Mailing Address 4675 ANGLERS AVENUE FORT LAUDERDALE, FL 33312		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2316145 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		7. Name and Address of New Registered Agent		
GARELLEK, STEVEN 700 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEJOHN, GUY	NAME		
STREET ADDRESS	4675 ANGLERS AVENUE	STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEJOHN, GREG	NAME		
STREET ADDRESS	4675 ANGLERS AVENUE	STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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:  <i>Managing member</i>		Date: <u>4-13-06</u> Daytime Phone #: <u>954-961-4222</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				

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04132008 Chg-LLC CR2E083 (11/05)