

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000024682**

1. Entity Name

DJM PARTNERS, LLC



Principal Place of Business

1705 EAGLE TRACE BLVD. W.  
CORAL SPRINGS FL 33071

Mailing Address

1705 EAGLE TRACE BLVD. W.  
CORAL SPRINGS FL 33071



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-1507580

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLOANE, DAVID M  
1705 EAGLE TRACE BLVD. W.  
CORAL SPRINGS FL 33071

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

*David M. Sloane*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*Jan. 20, 2007*  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGR  
SLOANE, DAVID M  
1705 EAGLE TRACE BLVD. W.  
CORAL SPRINGS FL 33071 ☐ Delete

☐ Change ☐ Addition  
U000000595540  
01/23/07-80043-016 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
SLOANE, JOANNE R  
1705 EAGLE TRACE BLVD. W.  
CORAL SPRINGS FL 33071 ☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
SLOANE, MAX  
1705 EAGLE TRACE BLVD. W.  
CORAL SPRINGS FL 33071 ☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

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

SIGNATURE:

*Joanne R. Sloane*

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

*1/20/07 954-341-5455*

Date

Daytime Phone #