

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

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90122 015 ***138.75

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

Zip

Country

Zip

Country

4. FEI Number

37-1507580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

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

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 redesigning)

DATE

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SLOANE, DAVID M	
STREET ADDRESS	1705 EAGLE TRACE BLVD. W.	
CITY- ST- ZIP	CORAL SPRINGS FL 33071	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SLOANE, JOANNE R - DUPONT	
STREET ADDRESS	1705 EAGLE TRACE BLVD. W.	
CITY- ST- ZIP	CORAL SPRINGS FL 33071	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SLOANE, MAX	
STREET ADDRESS	1705 EAGLE TRACE BLVD. W.	
CITY- ST- ZIP	CORAL SPRINGS FL 33071	
TITLE	DUPONT, JOANNE R (MGRM)	<input type="checkbox"/> Delete
NAME	20971 Via Azalea #3	
STREET ADDRESS	Boca Raton, FL 33429	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joanne R. Dupont

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

Jan. 28, 2008 *561-477-8825*

Date

Daytime Phone #