

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024682

Entity Name: DJM PARTNERS, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

1705 EAGLE TRACE BLVD. W.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

20971 VIA AZALEA #3
BOCA RATON, FL 33428

Current Mailing Address:

1705 EAGLE TRACE BLVD. W.
CORAL SPRINGS, FL 33071

New Mailing Address:

20971 VIA AZALEA #3
BOCA RATON, FL 33428

FEI Number: 37-1507580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SLOANE, DAVID M
Address: 1705 EAGLE TRACE BLVD. W.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM () Delete
Name: DUPONT, JOANNE R
Address: 20971 VIA AZALEA #3
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM () Delete
Name: SLOANE, MAX
Address: 1705 EAGLE TRACE BLVD. W.
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

SEC.

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date