

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90087 002 ***138.75

DOCUMENT # L05000033298

1. Entity Name
DJF THORNTON CREEK, LLC



Principal Place of Business
2911 NE PINE ISLAND ROAD
CAPE CORAL, FL 33909-6513 US

Mailing Address
2911 NE PINE ISLAND ROAD
CAPE CORAL, FL 33909-6513 US

000006439

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

3443 Hancock Bridge Parkway
Suite 301
N. Fort Myers, FL 33903

3. Mailing Address

3443 Hancock Bridge Parkway
Suite 301
N. Fort Myers, FL 33903

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-7865753

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FULLENKAMP, DENNIS J
2911 NE PINE ISLAND ROAD
CAPE CORAL, FL 33909-6513

Name

Street Address

City

Fullenkamp, Dennis J.
3443 Hancock Bridge Parkway
Suite 301
N. Fort Myers, FL 33903

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

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 MGRM ☐ Delete
NAME FULLENKAMP, DENNIS J
STREET ADDRESS 2911 NE PINE ISLAND ROAD
CITY-ST-ZIP CAPE CORAL, FL 339096513

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 MGRM ☒ Change ☐ Addition
NAME Fullenkamp, Dennis J.
STREET ADDRESS 3443 Hancock Bridge Parkway
CITY-ST-ZIP Suite 301
N. Fort Myers, FL 33903 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

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

Date

Daytime Phone #

2-4-08 239-985-4884