

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047314

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: DSLJR INVESTMENTS, LLC

**Current Principal Place of Business:**

235 MIRACLE STRIP PARKWAY  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

4300 S FERDON BLVD  
CRESTVIEW, FL 32536

**Current Mailing Address:**

235 MIRACLE STRIP PARKWAY  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

4300 S FERDON  
CRESTVIEW, FL 32536

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KILPATICK, WILLIAM G JR  
35008 EMERALD COAST PARKWAY STE 202  
DESTIN, FL 32541 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: LEE, DAVID S JR  
Address: 235 MIRACLE STRIP PARKWAY  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MBR (X) Change ( ) Addition  
Name: LEE, DAVID S SR  
Address: 235 MIRACLE STRIP PARKWAY  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGR ( ) Change (X) Addition  
Name: LEE, DAVID S JR  
Address: 4300 S FERDON BLVD  
City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID SCOTT LEE JR

MGR

04/28/2006

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