

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063438

Entity Name: DJM CAPITAL, LLC

FILED
Jul 24, 2007
Secretary of State

Current Principal Place of Business:

THE PLAZA
400 EAST BAY STREET, #1707
JACKSONVILLE, FL 32202

New Principal Place of Business:

290 LANSING ISLAND DRIVE
SATELLITE BEACH, FL 329375101

Current Mailing Address:

THE PLAZA
400 EAST BAY STREET, #1707
JACKSONVILLE, FL 32202

New Mailing Address:

290 LANSING ISLAND DRIVE
SATELLITE BEACH, FL 329375101

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MALIS, DAVID J
THE PLAZA
400 EAST BAY STREET, #1707
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MALIS, DAVID J
290 LANSING ISLAND DRIVE
SATELLITE BEACH, FL 329375101 US

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: DAVID J. MALIS

07/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MALIS, DAVID J
Address: 400 EAST BAY STREET, #1707
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MALIS, DAVID J
Address: 290 LANSING ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 329375101

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: DAVID J. MALIS

MR.

07/24/2007

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