2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DCCUMENT # L05000083126 05-03-2006 90038 019 ****50.00 1. Entity Name D & J, L.L.C. Principal Place of Business Mailing Address 6038 WEST WAYWARD WIND LOOP HOMOSASSA FL 34448 6038 WEST WAYWARD WIND LOOP HOMOSASSA FL 34448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #. etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 337 City & State City & State Applied For Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, DILIP M 5366 SOUTH SUNCOAST BLVD. Street Address (P.O. Box Number is Not Acceptable) HOMOSASSA FL 34446 City Zio 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. (HOTE Registered Agent signature required where re FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State: Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE TITLE MGRM Delete ☐ Change ■ Add:tion MAME PATEL, DILIP M NAME STREET ADDRESS 5366 SOUTH SUNCOAST BLVD. STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34446 CITY-ST-ZIP THILE **MGRM** Delete DDE ☐ Change ☐ Addition NAME PATEL, JAGRUTI D NAME STREET ADDRESS 5366 SOUTH SUNCOAST BLVD. STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP HOMOSASSA FL 34446 TITLE Defete Change ☐ Add-tion MALIF MALES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delexe TITLE ☐ Chance ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS City-St-21P CITY+ST-7IP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 timited liability company or ver or truspe employered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN HE MARAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dayline Prone

Jun 26, 2006 8:00 am