## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000087325

Address:

City-St-Zip:

3300 NE 191 STREET APT 1707

AVENTURA, FL 33180

Entity Name: DJM ENTERPRISES OF MIAMI-DADE, LLC

FILED May 23, 2008 Secretary of State

Current Principal Place of Business:		New Principal P	New Principal Place of Business:	
SUITE 415	LYWOOD BLVD. 5 DOD, FL 33021			
Current M	lailing Address:	New Mailing Add	New Mailing Address:	
SUITE 415	LYWOOD BLVD. 5 DOD, FL 33021			
	r: 20-3434261 FEI Number Applied For ( ) ace with s. 607.193(2)(b), F.S., the limited liability	FEI Number Not Applicable ( company did not receive the prior r		
Name and	d Address of Current Registered Agent:	Name and Addre	ess of New Registered Agent:	
3300 NE 1 1707	EZ, MELISSA 91 STREET RA, FL 33180 US			
	e named entity submits this statement for the of Florida.	ne purpose of changing its regis	stered office or registered agent, or both	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete GONZALEZ, DARIO 3300 NE 191 ST. APT 1707 AVENTURA, FL 33180	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete DE GONZALEZ, CONSUELO C 3300 NE 191 ST. APT 1707 AVENTURA, FL 33180	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete GONZALEZ, MELISSA 3300 NE 191 ST. AOT 1707 AVENTURA, FL 33180	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	MGR ( ) Delete GONZALEZ, JAIRO A	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MELISSA GONZALEZ 05/23/2008