

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90020 038 ****50.00

DOCUMENT # L05000101661

1. Entity Name

D & J PROPERTIES LLC



Principal Place of Business

**4415 HAR PAUL CIRCLE
TAMPA FL 33614
US**

Mailing Address

**4415 HAR PAUL CIRCLE
TAMPA FL 33614
US**



2. Principal Place of Business

P O BOX 272227

Suite, Apt. #, etc.

3. Mailing Address

P O BOX 272227

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

20-3641652

Applied For

Not Applicable

Zip

33688-2227

Country

USA

Zip

33688-2227

Country

USA

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, JAMES
4415 HAR PAUL CIRCLE
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/06

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
SMITH, JAMES
4415 HAR PAUL CIRCLE
TAMPA FL 33614**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
KRIPAS, DUSTIN
4415 HAR PAUL CIRCLE
TAMPA FL 33614**

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 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 #

3/9/06

(813) 323-7583