2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-14-2006 90122 038 ****50.00

DOCUMENT # L05000102718

1. Entity Name
D.A.J.REAL ESTATE ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
5533 RICO DRIVE BOCA RATON, FL 33487	5533 RICO DRIVE BOCA RATON, FL 33487

07112006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-5297210 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUDISH, ROBERT P ESQ
370 WEST CAMINO GARDENS BLVD
SUITE 300
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name DAVID JOHNSON
Street Address (P.O. Box Number is Not Acceptable) 5533 Rico DR
BOCA RATON FL 33487
City Boca Raton FL Zip Code 33487

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] DAVID JOHNSON
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MR	☐ Delete
NAME	JOHNSON, DAVID	
STREET ADDRESS	5533 RICO DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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] DAVID JOHNSON 7/01/06 561-208-1570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #