


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90028 011 ****50.00

DOCUMENT # L05000113613

1. Entity Name
N1JN-DF, LLC




Principal Place of Business Mailing Address
11780 U.S. HIGHWAY #1, SUITE 500 **11780 U.S. HIGHWAY #1, SUITE 500**
NORTH PALM BEACH, FL 33408 **NORTH PALM BEACH, FL 33408**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

HAILE SHAW & PFAFFENBERGER
660 U.S. HIGHWAY #1, THIRD FLOOR
NORTH PALM BEACH, FL 33408

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

Filing Fee is \$50.00 Due by May 1, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM NICKLAUS, JACK W 11780 U.S. HIGHWAY ONE, SUITE 500 NORTH PALM BEACH, FL 33478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/24/07** **561.227.0320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JACK W. NICKLAUS