2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000114041

FILED Mar 28, 2007 8:00 am Secretary of State 03-28-2007 90184 030 ****50.00

1. Entity Nam DGJ PRO		S, LLC						0.5 20	2007			
Principal Place of Business 3101 FAIRLANE FARMS WELLINGTON, FL 33414			Mailing Address 3101 FAIRLANE FARMS WELLINGTON, FL 33414				60029971					
•	AIRLA	ness - No P.O. Box # INE FARM RO	3. Mailing Address 3101 FAIRLA	ANE F	ARMS	RD						
#6			#6				0103200	7 Chg-l	LC	CR2E	083 (12/06)	
City & State			City & State				4. FEI Nun					pplied For
Zip Country		Zip Country		-		20-4234000 Not Applic 5 Continue of Status Proceed S \$5.00 Additional						
3341	•	usA	33414		ŚΑ		5. Certifica	ate of Status i	Desired		Fee Require	
	6. Name	and Address of Current	Registered Agent		Name		7. Name a	nd Address	of New R	egistered	Agent	
BLOCH, S	TUART E											
BLOCH, STUART E BLOCH, MINERLEY & FEIN, P.L. 980 NORTH FEDERAL HIGHWAY, SUITI BOCA RATON, FL 33432			1			ddress (F	P.O. Box Nun	nber is Not A	cceptable) 		
					City						Zip Cod	le
										FL	<u> </u>	
the obligat	e named entit tions of regist		r the purpose of changing i	ts register	ed office o	r registere	ed agent, or	both, in the S	tate of Flo	rida. Iam	tamiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registere	ed Agent signat	ture required	when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State					
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9.	ue by Ma	is \$50.00 y 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.				AD	Florida		ent of Stat	:e
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9. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	MGR GARTNE 3101 FAIR WELLING	MANAGING MEMBE R, DENNIS RLANE FARMS STON, FL 33414		TITE NAM STRI CITY	EET ADDRESS '-ST-ZIP	MG	R		Fiorida	Departm	ent of Stat	
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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 empowers to execute this report as required by Chapter 608, Florida Statutes.

GRACE GARTNER SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561965-9602 Daytime Phone #