


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90075 001 ****50.00

DOCUMENT # L06000005342 1. Entity Name DPJM, LLC			
Principal Place of Business 614 S.E. CENTRAL PARKWAY STUART, FL 34994		Mailing Address 614 S.E. CENTRAL PARKWAY STUART, FL 34994	
2. Principal Place of Business - No P.O. Box # 1725 NW HARBOR PLACE		3. Mailing Address 1725 NW HARBOR PLACE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State STUART, Florida		City & State STUART, Florida	
Zip 34994		Zip 34994	
Country USA		Country USA	
4. FEI Number 11-3773812		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		08212007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent PARKER, DEBRA H 614 S.E. CENTRAL PARKWAY STUART, FL 34994		7. Name and Address of New Registered Agent Name <u>DEBRA PARKER</u> Street Address (P.O. Box Number is Not Acceptable) <u>1725 NW HARBOR PLACE</u> City <u>STUART</u> FL <u>34994</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PARKER, DEBRA 1434 NW COCONUT POINT LANE STUART, FL 34994	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PARKER, DONALD 1434 NW COCONUT POINT LANE STUART, FL 34994	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MILO, JOSEPH A 230 CHATUGE WAY HIAWASSEE, GA 30546	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MILO, MICHELLE Y 230 CHATUGE WAY HIAWASSEE, GA 30546	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <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 <u>[Signature]</u> MANAGING MEMBER		Date <u>8/21/07</u> 772-260-3090	