


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90208 043 \*\*\*\*50.00

|  |                                 |   |  |  |                                      |
|--|---------------------------------|---|--|--|--------------------------------------|
| DOCUMENT # L06000014344  |                                 |   |  |         |                                      |
| 1. Entity Name<br>DEJA BOOKKEEPING, LLC  |                                 |   |  |  |                                      |
| Principal Place of Business<br>592 SHERWOOD STREET<br>THE VILLAGES, FL 32162   |                                 |   | Mailing Address<br>592 SHERWOOD STREET<br>THE VILLAGES, FL 32162 |  |                                      |
| 2. Principal Place of Business - No P.O. Box #   |                                 | 3. Mailing Address  |  |  |                                      |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.   |  |  |                                      |
| City & State   |                                 | City & State  |  | 03112007 Chg-LLC CR2E083 (12/06)   |                                      |
| Zip  |                                 | Country   |  | 4. FEI Number<br><b>20-4272441</b>   |                                      |
|  |                                 |   |  | Applied For<br>Not Applicable  |                                      |
| 6. Name and Address of Current Registered Agent  |                                 |   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                      |
| MURASKY, JANE E<br>592 SHERWOOD STREET<br>THE VILLAGES, FL 32162   |                                 |   |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                 |   |  |  |                                      |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>  |                                 |   | <b>Make check payable to Florida Department of State</b>         |  |                                      |
| 9. MANAGING MEMBERS/MANAGERS   |                                 |   | 10. ADDITIONS/CHANGES  |  |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change                                  | <input checked="" type="checkbox"/> Addition   |                                      |
|  |                                 | <b>MGRM<br/>JANE E MURASKY<br/>592 SHERWOOD STREET<br/>THE VILLAGES, FL 32162</b> |  |  |                                      |
|  |                                 |   |  |  |                                      |
|  |                                 |   |  |  |                                      |
|  |                                 |   |  |  |                                      |
|  |                                 |   |  |  |                                      |
| 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>Jane E Murasky</u> Managing Member   |                                 |   | Date: <u>3/12/2007</u>   |  | Daytime Phone #: <u>352-205-7446</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                 |   |  |  |                                      |