

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90182 031 ****55.00

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07102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000017980 1. Entity Name DJAX, LLC					
Principal Place of Business 7643 NOVARA COURT NAPLES, FL 34114			Mailing Address 7643 NOVARA COURT NAPLES, FL 34114		
2. Principal Place of Business - No P.O. Box # 8455 Sedonia Circle Suite, Apt. #, etc.		3. Mailing Address 8455 Sedonia Circle Suite, Apt. #, etc.			
City & State Ft Myers Florida Zip 33967 Country USA		City & State Ft Myers Florida Zip 33967 Country USA		4. FEI Number 20-4339241	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILES, JEFFREY 7643 NOVARA COURT NAPLES, FL 34114			7. Name and Address of New Registered Agent Name Jeffrey Wiles (same) Street Address (P.O. Box Number is Not Acceptable) 8455 Sedonia Circle City Ft Myers FL Zip Code 33967		
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><i>Jeffrey A. Wiles</i></u> Jeffrey A. Wiles 7/10/07 <small>Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGR WILES, JEFFREY 7643 NOVARA COURT NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wiles, Jeffrey 8455 Sedonia Circle Ft Myers Florida 33967
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Jeffrey A. Wiles</i></u> Jeffrey Wiles 7/10/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 7/10/07 Daytime Phone # (937) 278-8216		