
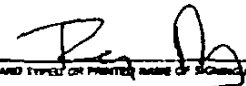


FILED
Mar 06, 2007 8:00 am
Secretary of State

01-29-2007 90145 015 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000026096			
1. Entity Name DSJ HOLDINGS, LLC			
Principal Place of Business 8333 W. MCNAB ROAD SUITE 126 TAMARAC, FL 33321		Mailing Address 8333 W. MCNAB ROAD SUITE 126 TAMARAC, FL 33321	
2. Principal Place of Business - Not P.O. Box #		3. Mailing Address	
State, Apt. # etc		State, Apt. # etc	
City & State		City & State	
Zip		Zip	
County		County	
4. FEI Number 56-2564625		5. Certificate of Status Designation <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DULAY, RAJ 8333 W. MCNAB ROAD SUITE 126 TAMARAC, FL 33321		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. The filer hereby certifies that the information supplied in this report is true and accurate and that the filer is a registered officer or authorized representative of the limited liability company of the receiver or trustee empowered to execute this report in accordance with Chapter 605, Florida Statutes.			
SIGNATURE		DATE	
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-STATE-ZIP	MGR DULAY, RAJ 8333 W. MCNAB ROAD, SUITE 126 TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR DULAY, RAJVINDER 8333 W. MCNAB ROAD, SUITE 126 TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <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 included in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report in accordance with Chapter 605, Florida Statutes.			
SIGNATURE: 		DATE: 1/27/07 9:27:52	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		DATE	

30001656

