2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90084 037 ****50.00

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1. Entity Name
D J'S COMPUTERS, LLC

Principal Place of Business	Mailing Address
18 N.E. WALTER MARTIN BLVD. FT. WALTON BEACH, FL 32548	18 N.E. WALTER MARTIN BLVD. FT. WALTON BEACH, FL 32548

01052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18 NE WALTER MARTIN RD	18 NE WALTER MARTIN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT WALTON BEACH, FL	City & State: FT WALTON BEACH, FL
Zip: 32548-4960 Country: US	Zip: 32548-4960 Country: US

4. FEI Number: 20-4868714 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
STALLERY, DONALD D
18 N.E. WALTER MARTIN BLVD.
FT. WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent
Name: STOLLERY, DONALD D
Street Address (P.O. Box Number is Not Acceptable): 18 N.E. WALTER MARTIN RD
City: FT. WALTON BEACH FL Zip Code: 32548

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: Donald D. Stollery (signed) — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1-27-07

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-ST-ZIP	MGRM STALLERY, DONALD D 343 CHERIE CT. FT. WALTON BEACH, FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STOLLERY, DONALD D 343 CHERIE CT. FT. WALTON BEACH, FL 32548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Donald D. Stollery (signed)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #