

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039689

Entity Name: D.J.J.S. DEVELOPMENT, LLC

FILED
May 22, 2008
Secretary of State

Current Principal Place of Business:

2631 QUARRY STONE CT.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2631 QUARRY STONE CT.
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-4876167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GUTIERREZ, SHEILA
2631 QUARRY STONE CT.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

GUTIERREZ, SHEILA F
2631 QUARRY STONE CT.
OVIEDO, FL 32765 US

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.

SIGNATURE: SHEILA F. GUTIERREZ

05/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORALES, JUAN
Address: 2631 QUARRY STONE CT.
City-St-Zip: OVIEDO, FL 32765

Title: MGR () Delete
Name: GUTIERREZ, SHEILA
Address: 2631 QUARRY STONE CT.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GUTIERREZ, SHEILA F
Address: 2631 QUARRY STONE CT.
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHEILA F. GUTIERREZ

MGR

05/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date