

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Apr 28, 2008 08:00 AM  
Secretary of State**

DOCUMENT # L06000040812



1. Entity Name

AMDJ, LLC

Principal Place of Business

1005 KENTUCKY AVENUE  
FORT PIERCE FL 34950

Mailing Address

1005 KENTUCKY AVENUE  
FORT PIERCE FL 34950



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

No: Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAN-BEY, GINA  
1005 KENTUCKY AVENUE  
FORT PIERCE FL 34950

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

Signature typed or printed name of registered agent and filed electronically

(NOTE: Registered Agent's signature required when registering)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME  
PRES  
DEAN, GINA D PRES  
STREET ADDRESS  
1005 KENTUCKY AVE.  
CITY - ST - ZIP  
FORT PIERCE FL 34950

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
U000000929607  
05/21/08-80075-014 138.75

TITLE  Delete  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

DATE PREPARED

4-24-08