## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 17, 2008 08:00 A DOCUMENT # L06000062602 **Secretary of State** 1. Entity Name DJBL, LLC Principal Place of Business Mailing Address 4760 OLD STONE ROAD 4760 OLD STONE ROAD SARASOTA, FL 34233 SARASOTA, FL 34233 02142008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5077036 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ICARD, MERRILL, ET AL DO NOT WRITE ATTN: F. THOMAS HOPKINS, ESQ. 2033 MAIN STREET, SUITE 600 IN THIS SPACE SARASOTA, FL 34237 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM NAME HELMUTH, MARCUS J STREET ADDRESS 4760 OLD STONE ROAD CITY-ST-ZIP SARASOTA, FL 34233 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

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