

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

1/

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-11-2007 90132 034 ****50.00

DOCUMENT # L06000063568 1. Entity Name DJSD(DOLLARS JUST START DOUBLING), LLC																																																																																																																																			
Principal Place of Business 2523 BUSINESS 98 PANAMA CITY, FL 32401			Mailing Address P.O. BOX 984 PANAMA CITY, FL 32402																																																																																																																																
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																
City & State Zip Country			City & State Zip Country																																																																																																																																
4. FEI Number 20-5110595				Applied For ☐ Not Applicable																																																																																																																															
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent STOKES, LAURA D 4816 PARK STREET PARKER, FL 32404			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">B. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR STOKES, LAURA D</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>STOKES, LAURA D</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 1014</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32402</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DAVIS, DANIEL W II</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 35307</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY, FL 32412</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						B. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR STOKES, LAURA D	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	STOKES, LAURA D		NAME			STREET ADDRESS	PO BOX 1014		STREET ADDRESS			CITY-ST-ZIP	PANAMA CITY, FL 32402		CITY-ST-ZIP			TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	DAVIS, DANIEL W II		NAME			STREET ADDRESS	PO BOX 35307		STREET ADDRESS			CITY-ST-ZIP	PANAMA CITY, FL 32412		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
B. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																																																																																
TITLE	MGR STOKES, LAURA D	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																														
NAME	STOKES, LAURA D		NAME																																																																																																																																
STREET ADDRESS	PO BOX 1014		STREET ADDRESS																																																																																																																																
CITY-ST-ZIP	PANAMA CITY, FL 32402		CITY-ST-ZIP																																																																																																																																
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																														
NAME	DAVIS, DANIEL W II		NAME																																																																																																																																
STREET ADDRESS	PO BOX 35307		STREET ADDRESS																																																																																																																																
CITY-ST-ZIP	PANAMA CITY, FL 32412		CITY-ST-ZIP																																																																																																																																
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																
11. I hereby certify that the information supplied in 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:				1-10-07																																																																																																																															
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #																																																																																																																															