2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**



FILED May 03, 2007 8:00 am Secretary of State

DOCUMENT # L06000071088 1. Entity Name D&J HOLDINGS, LLC					05-03-20	07 90256 013 ***	*50.00	
Principal Place of Business 7250 OAKMONT COURT PONTE VEDRA BEACH, FL 32082		Mailing Address 7250 OAKMONT COURT PONTE VEDRA BEACH, FL 32082			PAA40000			
2. Principal Pla		3. Mailing Address	r Road					
City & State		City & State		4. FEI Num		CR2E083 (12/0	Applied For	
	onville, FL	Jacksonvill		20-5	<u> 2175/0</u>		Not Applicable	
3220		Zip 32207	Country		ate of Status Desired	Fee Requ		
6. Name and Address of Current Registered Agent Name				U, II iam	7. Name and Address of New Registered Agent			
PATAKY, WILLIAM J 7250 OAKMONT COURT PONTE VEDRA BEACH, FL 32082				treet Address (P.O. Box Number is Not Acceptable)				
-				City Jacksonville FL Zip Code 7				
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, lyped or plented name of registering agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	ing Fee is \$50.00 e by May 1, 2007				Make check payable to Florida Department of State			
9.	MANAGING MEMBE		10.	MGRM -		S/CHANGES	e 🖸 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	NAME Street address City-St-Zip	2209 RI	T. Pataki ue- Rd lle, FC	3220/	e (3 Addition)	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	MGKM Debra Rut 2209 Ru	sin - Pater ver Rd.	ky Chang	e Addition	
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE	Jacksonv	1114, 50	SZ ZU /	e 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP		ा ज्यात	NAME STREET ADDRESS CITY-ST-ZIP			_ Grang	, administra	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🗌 Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e	
11. I hereby co	ertify that the information supplied with	this filing does not qualify for t	he exemptions on	ntained in Chanter 11	9. Florida Statutes.	I further certify that the i	nformation	