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Secretary of State

02-05-2007 90195 048 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000079989

1. Entity Name
BDJ LLC

Principal Place of Business	Mailing Address
5027 SW COURTYARDS CT. #49 CAPE CORAL, FL 33914 US	5027 SW COURTYARDS CT. #49 CAPE CORAL, FL 33914 US

01152007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12665 METRO PKWY	12665 METRO PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT MYERS, FL.	City & State: FT MYERS, FL
Zip: 33960 Country: USA	Zip: 33960 Country: USA

4. FEI Number: 35-2287547 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BENJAMIN D
5027 SW COURTYARDS CT.
#49
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name: JOHNSON, BENJAMIN D
Street Address (P.O. Box Number is Not Acceptable): 12665 METRO PKWY
City: FT MYERS FL Zip Code: 33966

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: Benjamin Johnson

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			
V.P. TRUS	THE DAVID S. JOHNSON AND SHARON E. JOHNSON REVOCABLE LIVING TRUST 338 CLOVERLEAF RD LAKE PLACID, FL. 33852	☐ Change	☒ Addition
PRES	BENJAMID D. JOHNSON 5027 S.W COURYARDS CT CAPE CORAL, FL. 33914	☐ Change	☒ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition

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.

SIGNATURE: Benjamin Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #