

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000095171

**FILED**  
**Nov 09, 2007**  
**Secretary of State**

**Entity Name:** DJC 2441 MAGNOLIA TRUST, LLC

**Current Principal Place of Business:**

2441 E. MAGNOLIA ST.  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 93391  
LAKELAND, FL 33804

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NASEER, KHALID  
2441 E. MAGNOLIA ST.  
LAKELAND, FL 33815 US

**Name and Address of New Registered Agent:**

GRIEVES, THOMAS  
2441 E. MAGNOLIA ST.  
LAKELAND, FL 33815 US

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.

SIGNATURE: THOMAS GRIEVES

11/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NASEER, KHALID  
Address: 2441 E. MAGNOLIA ST.  
City-St-Zip: LAKELAND, FL 33815

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GRIEVES, THOMAS  
Address: 1047 N SWINDELL AVE  
City-St-Zip: LAKELAND, FL 33805

Title: SEC ( ) Change (X) Addition  
Name: ALVARENGA, ALBA  
Address: 1047 N SWINDELL AVE  
City-St-Zip: LAKELAND, FL 33805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBA ALVARENGA

SEC

11/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date