

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

|                                           |                                                                                   |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000095616</b>            |  |
| 1. Entity Name<br><b>DRJ-VANTAGE, LLC</b> |                                                                                   |

|                                                                                             |                                                                                 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business<br><b>5855 VINTAGE OAKS CIR.<br/>DELRAY BEACH FL 33484-6425</b> | Mailing Address<br><b>5855 VINTAGE OAKS CIR.<br/>DELRAY BEACH FL 33484-6425</b> |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

1st MOORE CR2E083 (10/07)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-5728137</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                                                        |

|                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>ABRAMS, ALLAN<br/>5855 VINTAGE OAKS CIR.<br/>DELRAY BEACH FL 33484-6425</b> |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | 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.

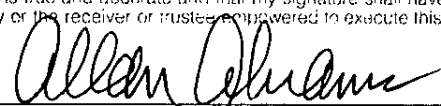
SIGNATURE \_\_\_\_\_ (NOTE: Registered agent's title is required when changing) DATE \_\_\_\_\_

|                                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008, Fee Will Be \$538.75</b><br><b>Make Check Payable to Florida Department of State</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>MGRM<br/>ABRAMS, ALLAN<br/>5855 VINTAGE OAKS CIR.<br/>DELRAY BEACH FL 33484-6425</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                            |

| 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **1/22/08 561638-0830**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE