

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90263 045 \*\*\*138.75

60010400




03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8343563** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**DOCUMENT # L06000117649**

1. Entity Name  
**TJDJ INVESTMENT, LLC**



Principal Place of Business  
**625 ALHAMBRA ROAD  
 VENICE, FL 34285**

Mailing Address  
**625 ALHAMBRA ROAD  
 VENICE, FL 34285**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**GUNDERSON, MIKO P**  
**7440 RIVERSIDE DR**  
**PUNTA GORDA, FL 33982**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: <b>MGR</b> NAME: <b>GUNDERSON, MIKO P</b> STREET ADDRESS: <b>7440 RIVERSIDE DR</b> CITY-ST-ZIP: <b>PUNTA GORDA, FL 33982</b>	<input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>MGR</b> NAME: <b>Junker, Thomas S.</b> STREET ADDRESS: <b>625 Alhambra Rd</b> CITY-ST-ZIP: <b>Venice FL 34285</b>	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>MGR</b> NAME: <b>Junker, Diane M</b> STREET ADDRESS: <b>625 Alhambra Rd</b> CITY-ST-ZIP: <b>Venice FL 34285</b>	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: <input type="checkbox"/> Delete		TITLE: <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 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  DATE **3/14/08** 9414161691  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**Thomas S Junker**