

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90085 027 ***143.75

DOCUMENT # L07000002835



1. Entity Name
DDJ BIG BEND, LLC

Principal Place of Business
2180 W. STATE ROAD 434, SUITE 6190
LONGWOOD, FL 32779

Mailing Address
2180 W. STATE ROAD 434, SUITE 6190
LONGWOOD, FL 32779

2. Principal Place of Business - No P.O. Box #
DDJ BIG BEND, LLC
Suite, Apt. #, etc.
156 Beach 144th St.
City & State
Rockaway Park
Zip
N.Y. 11694
Country

3. Mailing Address
DDJ Big Bend LLC
Suite, Apt. #, etc.
156 Beach 144th St.
City & State
Rockaway Park N.Y.
Zip
11694
Country

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-263 4654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ICARDI, JEFFREYA
2180 W. STATE ROAD 434, SUITE 6190
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name
NADA CVITIC

Street Address (P.O. Box Number is Not Acceptable)

825 HIGEL DRIVE

City
VENICE

FL

Zip Code
334285

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when installing)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CVIJIC, ZARKO
P.O. BOX 340207
BROOKLYN, NY 11234

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
NADA CVITIC
825 HIGEL Drive
VENICE FL 334285

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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: ZARKO CVITIC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #