


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90014 043 \*\*\*138.75

<b>DOCUMENT # L07000007914</b>					
<b>1. Entity Name</b> DEAN & JAMES, LLC					
<b>Principal Place of Business</b> 9720 STIRLING ROAD SUITE 201 COOPER CITY, FL 33024-8015 US			<b>Mailing Address</b> 9720 STIRLING ROAD SUITE 201 COOPER CITY, FL 33024-8015 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04102008    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 208288313				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PALERMO, DEAN 15721 N.W. 11 ST PEMBROKE PINES, FL 33028			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALERMO, DEAN 15721 N.W. 11TH STREET PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR-SMITH, JAMES 15753 N.W. 11 STREET PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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.</b>			<b>SIGNATURE:</b> <i>Dean Palermo</i> 4/15/08    954 224 1933		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		

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