

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90136 031 \*\*\*138.75

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<b>DOCUMENT # L07000028105</b> 1. Entity Name <b>D J ENTERPRISES, LLC</b>			
Principal Place of Business <b>6505 DIMARCO ROAD TAMPA, FL 33634</b>		Mailing Address <b>6505 DIMARCO ROAD TAMPA, FL 33634</b>	
2. Principal Place of Business - No P.O. Box # <b>15203 Arbor Hollow Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>15203 Arbor Hollow Dr</b> Suite, Apt. #, etc.	
City & State <b>Odessa, FL</b>		City & State <b>Odessa, FL</b>	
Zip <b>33556</b>	Country <b>USA</b>	Zip <b>33556</b>	Country <b>USA</b>
4. FEI Number <b>20-8648369</b>		Applied For <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  <b>WATKINS, CARL-T 5103 MEMORIAL HWY TAMPA, FL 33634</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 signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BARTHOLOMEW, DONNA J 6505 DIMARCO ROAD TAMPA, FL 33634</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Bartholomew, Donna J 15203 Arbor Hollow Dr. Odessa, FL 33556</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Donna Bartholomew</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>4-2-08</b> Daytime Phone # <b>813-340-7891</b>	