

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087750

Entity Name: DJ BOCA, LLC

FILED  
May 09, 2009  
Secretary of State

**Current Principal Place of Business:**

27 ROYAL PALM WAY  
UNIT 102  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1535 N SCOTTSDALE RD  
APT. 2012  
TEMPE, AZ 85281 US

**New Mailing Address:**

FEI Number: 26-0851535      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KERRY R. SCHWENCKE, P.A.  
1209 NORTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JACOBS, DANIEL  
Address: 27 ROYAL PALM WAY, #102  
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGR ( ) Delete  
Name: JACOBS, DOUGLAS  
Address: 25 ROYAL PALM WAY, #102  
City-St-Zip: BOCA RATON, FL 33432 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL JACOBS

MGR

05/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date