


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

02-07-2008 90090 034 ***143.75

DOCUMENT # L07000090699

1. Entity Name
DJB 136, LLC



Principal Place of Business
1320 S. DIXIE HIGHWAY, SUITE 241
CORAL GABLES, FL 33146

Mailing Address
1320 S. DIXIE HIGHWAY, SUITE 241
CORAL GABLES, FL 33146

J0010404

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

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

City & State
Zip Country



07082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-2134247

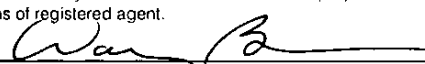
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DANIELS, NICHOLAS M
C/O THERREL BAISDEN, P.A.ITE 241
ONE S.E. 3RD AVE., SUITE 2950
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name **WARREN BRYER**
Street Address (P.O. Box Number is Not Acceptable)
1320 S. DIXIE HIGHWAY
SUITE 241
City **CORAL GABLES,** **FL** Zip Code **33146**

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 reinstating)

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/MANAGER <input type="checkbox"/> Delete DEBRA BONNET 1321 S. DIXIE HIGHWAY-#241 CORAL GABLES, FL. 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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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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

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:  7-9-08 305-665-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #