

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104979

Entity Name: FDJC INVESTMENTS, LLC

FILED  
Feb 02, 2009  
Secretary of State

**Current Principal Place of Business:**

151 CRANDON BLVD., NO. 210  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

151 CRANDON BLVD., NO. 210  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SANTIAGO J. PADILLA, P.A.  
1001 BRICKELL BAY DRIVE, SUITE 1704  
MIAMI, FL 33131 US

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

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: MGRM ( ) Delete  
Name: HOYLE, JAVIER J  
Address: 765 CRANDON BLVD., APT. 209  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: ALVES, FREDDY  
Address: 18470 NE 30TH AVENUE  
City-St-Zip: AVENTURA, FL 33160

Title: MGRM ( ) Delete  
Name: CAMILION, CARLOS M  
Address: 151 CRANDON BLVD., NO. 210  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: OSOMO, DON  
Address: 5178 NW 103 AVENUE  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

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

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

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: CARLOS CAMILION

PRES

02/02/2009

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