

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004060

Entity Name: D & J LAND TRUST, LLC

FILED  
Feb 03, 2009  
Secretary of State

**Current Principal Place of Business:**

544 NW UNIVERSITY DR  
104  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

9798 SE OSPREY PT. DR.  
HOBE SOUND, FL 33455

**New Mailing Address:**

74 N SEWALL'S PT RD  
SEWALLS POINT, FL 34996

FEI Number: 30-0457255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOST, DOUGLAS S DDS  
9798 SE OSPREY PT. DR.  
HOBE SOUND, FL 33455 US

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

MOST, DOUGLAS S DDS  
74 N SEWALL'S PT RD  
SEWALL'S POINT, FL 34996 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: DOUGLAS S. MOST, DDS

02/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOST, DOUGLAS S DDS  
Address: 9798 SE OSPREY PT. DR.  
City-St-Zip: HOBE SOUND, FL 33455

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MOST, DOUGLAS S DDS  
Address: 74 N SEWALL'S PT RD  
City-St-Zip: SEWALL'S POINT, FL 34996

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: DOUGLAS S. MOST, DDS

MGR

02/03/2009

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