

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044905

Entity Name: DFJ HOLDINGS, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

5051 PELICAN COLONY BLVD.
1502
BONITA SPRINGS, FL 34134

New Principal Place of Business:

203A 8TH AVE. S.
NAPLES, FL 34102

Current Mailing Address:

5051 PELICAN COLONY BLVD.
1502
BONITA SPRINGS, FL 34134

New Mailing Address:

203A 8TH AVE. S.
NAPLES, FL 34102

FEI Number: 26-2563336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH, JOSEPH J JR
5051 PELICAN COLONY BLVD
#1502
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

FRENCH, JOSEPH J JR
203A 8TH AVE. S.
NAPLES, FL 34102 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRENCH, JOSEPH J JR
Address: 5051 PELICAN COLONY BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: DISTAULO, JOSEPH D
Address: 65 MECHANIC ST
City-St-Zip: RED BANK, NJ 07701

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRENCH, JOSEPH J JR
Address: 203A 8TH AVE. S.
City-St-Zip: NAPLES, FL 34102

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: JOSEPH J FRENCH JR

MGRM

04/27/2009

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