2001	UNIFORM	BUSINESS	REPO	RT	(UBR)
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DOCUMENT # L98000003210 1. Entity Name DJC DEVELOPERS, L.C. Principal Place of Business Mailing Address 230 MOHAWK ROAD 230 MOHAWK ROAD CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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S. Certificate of Status Desired Statu							59-3559025			lot Applicable	
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230 MOHAWK ROAD CLERMONT FL 34711 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE Spriabus, typed or protect name of negratered agent and tills applicable. (NOTE Registered Agent signature required when remarkating) OATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ##################################					Name						
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1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same local effect as if made under each that have a made and the same local effect as if made under each that have a made and the same local effect as if made under each that have a made and the same local effect as if made under each that have a made and the same local effect as if made under each that have a made and the same local effect as if made under each that have a made and the same local effect as if made under each that have a made and the same local effect as if made under each that have a made and the same local effect as if made under each that have a made and the same local effect as if made under each that have a made and the same local effect as if made under each that have a made and the same local effect as if made under each that have a made each that have the same each that have the s											
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	 I hereby of indicated 	certify that the information supplied to this report is true and accurate a	with this filin and that my	ig does not qualify for t signature shall have th	the exemption stated ne same legal effect:	l in Section 119.0 as if made under	07(3)(i), Florida Statutes. I	further certi	fy that the i	nformation	