

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002559

FILED
Jan 17, 2005
Secretary of State

Entity Name: BDJ INSURANCE, LC

Current Principal Place of Business:

634 VIRGINIA DR.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

634 VIRGINIA DR.
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3562587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLEISH, ROBERT F JR
634 VIRGINIA DR.
ORLANDO, FL 32803 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/MEMBERS:

Title: MGRM () Delete
Name: MYLES PROPERTIES, L., C.
Address: 2611 TECHNOLOGY DR
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: VRATANINA, JEFFREY
Address: 2611 TECHNOLOGY DR
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: VRATANINA, LISA
Address: 2611 TECHNOLOGY DR
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: MACLEISH INSURANCE A, GENCY INC.
Address: 634 VIRGINIA DR.
City-St-Zip: ORLANDO, FL 32803

Title: MGRM () Delete
Name: VRATANINA, LISA M TRUSTEE
Address: 2611 TECHNOLOGY DR
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: VRATANINA, JEFFREY J TRUSTEE
Address: 2611 TECHNOLOGY DR
City-St-Zip: ORLANDO, FL 32804

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
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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 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 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: ROBERT F. MACLEISH, JR

MGRM

01/17/2005

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