2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000009157

1. Entity Name
DAJ'S LAND O' LAKES, L.L.C.

Principal Place of Business	Mailing Address
3225 S MACDILL AVE STE 129-258 TAMPA, FL 33629	3225 S MACDILL AVE STE 129-258 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

02072005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3619697	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NEUKAMM, JOHN B
101 E. KENNEDY BLVD.
SUITE 3140
TAMPA, FL 33602-5151

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	JOHNSON, DEBRA A	
STREET ADDRESS	3225 S MACDILL AVE STE 129-258	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	MGRM	
NAME	JOHNSON, DAVID A	
STREET ADDRESS	3225 S MACDILL AVE STE 129-258	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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05/04/05-80121-007 50.00

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11. 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 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: _____   4/29/05   813-837-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #