

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90031 004 ****50.00

DOCUMENT # M97000000773

1. Entity Name

D.J. FLORIDA PROPERTY, LLC



Principal Place of Business

1005 MOEGLING HEIGHTS DRIVE
ASHLAND, KY 41102

Mailing Address

P.O. BOX 1396
ASHLAND, KY 41105



07082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-1316013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURTY, TIMOTHY
1633 PERIWINKLE WAY, SUITE A
SANIBEL, FL 33957

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MBR
CLARK, DIANA J
1005 MOEGLING HEIGHTS DRIVE
ASHLAND, KY 41102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MBR
CLARK, JOHN W
1005 MOEGLING HEIGHTS DRIVE
ASHLAND, KY 41102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/18/04