

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000861

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: DJO, LLC

**Current Principal Place of Business:**

1430 DECISION STREET  
TAX DEPT  
VISTA, CA 92081

**New Principal Place of Business:**

**Current Mailing Address:**

1430 DECISION STREET ATTN TAX DEPT  
VISTA, CA 92081

**New Mailing Address:**

FEI Number: 52-2165554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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/MANAGERS:**

Title: PCEO ( ) Delete  
Name: CROSS, LESLIE  
Address: 1430 DECISION STREET  
City-St-Zip: VISTA, CA 92081

Title: CFO ( ) Delete  
Name: CAPPS, VICKIE  
Address: DECISION STREET  
City-St-Zip: VISTA, CA 92081

Title: SEC ( ) Delete  
Name: ROBERTS, DONALD  
Address: 1430 DECISION STREET  
City-St-Zip: VISTA, CA 92081

**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:

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: VICKIE CAPPS

CFO

04/21/2008

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