2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# L04000052511

Entity Name: VOLUNTA DIO, LLC

Current Principal Place of Business:

200 LESLIE DRIVE UNIT 621
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

200 LESLIE DRIVE
621
HALLANDALE BEACH, FL 33009

Current Mailing Address:

200 LESLIE DRIVE UNIT 621
HALLANDALE BEACH, FL 33009

New Mailing Address:

200 LESLIE DRIVE
621
HALLANDALE BEACH, FL 33009

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SORCINELLI, DONALD
200 LESLIE DRIVE UNIT 621
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

SORCINELLI, DONALD
200 LESLIE DRIVE
621
HALLANDALE BEACH, FL 33009 US

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: 01/23/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SORCINELLI, DONALD P MR
Address: 200 LESLIE DR, APARTMENT 621
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR ( ) Delete
Name: SORCINELLI, JOETTE Z MRS
Address: 200 LESLIE DR, APARTMENT 621
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES:

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 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: DONALD P. SORCINELLI MGR 01/23/2006

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