


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90218 043 \*\*\*\*50.00

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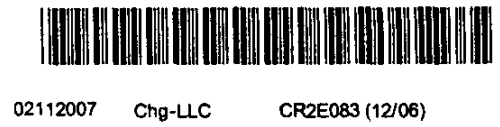
1. Entity Name  
**DINA CM, LLC**



Principal Place of Business      Mailing Address  
**3959 SAN ROCCO DR**      **3959 SAN ROCCO DR**  
**#221**      **#221**  
**PUNTA GORDA, FL 33950 US**      **PUNTA GORDA, FL 33950 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**3959 SAN ROCCO DR.**      **3959 SAN ROCCO DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



4. FEI Number  
**20-2994754**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MELLON, CURTIS A**  
**3959 SAN RACCO DR.**  
**#221**  
**PUNTA GORDA, FL 33950**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 *Curtis A Mellon*      DATE 2-12-07

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

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	MELLON, CURTIS A	3959 SAN RACCO DR., #221	PUNTA GORDA, FL 33982	<input type="checkbox"/>
MGR	FEDERAU, MICHAEL E	3959 SAN ROCCO DR., #221	PUNTA GORDA, FL 33950	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Curtis A Mellon*      Date 2-12-07      Daytime Phone # 941-626-3569

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