


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90012 028 ****55.00

DOCUMENT # L05000057728

1. Entity Name
 DINA MF, LLC



Principal Place of Business
 28331 ROYAL PALM DRIVE
 PUNTA GORDA, FL 33982

Mailing Address
 28331 ROYAL PALM DRIVE
 PUNTA GORDA, FL 33982

2. Principal Place of Business
 3959 JAN ROCCO DR
 Suite, Apt. #, etc.
 #221

3. Mailing Address
 3959 JAN ROCCO DR
 Suite, Apt. #, etc.
 #221

City & State
 PUNTA GORDA

City & State
 PUNTA GORDA FL

Zip
 33950

Country

Zip
 33950

Country



04222006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

FEDERAU, MICHAEL E
 28331 ROYAL PALM DRIVE
 PUNTA GORDA, FL 33982

7. Name and Address of New Registered Agent

Name
 FEDERAU, MICHAEL E

Street Address (P.O. Box Number is Not Acceptable)
 3959 JAN ROCCO DR

City
 PUNTA GORDA

Zip Code
 FL 33950

4. FEI Number
 20-2994771

Applied For
 Not Applicable

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

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 MICHAEL E. FEDERAU [Signature] 4-20-06

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

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEDERAU, MICHAEL E 28331 ROYAL PALM DRIVE PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELLON, CURTIS A 28331 ROYAL PALM DRIVE PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 [Signature] 4-20-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #