

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91553 047 ****50.00

DOCUMENT # L99000002811
1. Entity Name
DIMAGGIO LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3230 STIRLING ROAD		3. Mailing Address	
Suite, Apt. #, etc. SUITE #1		Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State	
Zip 33021	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0936470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MORRIS ENGELBERG, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 3230 STIRLING ROAD, SUITE #1
City HOLLYWOOD, FL
Zip Code 33021

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORRIS ENGELBERG 3230 STIRLING ROAD, SU.#1 HOLLYWOOD, FL. 33021	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E089B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **MORRIS ENGELBERG, MANAGER** 04/18/02 (954) 966-3900

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