



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

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|--|---|---|
| <b>DOCUMENT # M03000000399</b>   |   |  |
| 1. Entity Name<br><b>DIBROKER, LLC</b>   |   |   |
| Principal Place of Business<br><b>100 MIRACLE MILE, SUITE 250<br/>CORAL GABLES, FL 33134</b>   |   | Mailing Address<br><b>100 MIRACLE MILE, SUITE 250<br/>CORAL GABLES, FL 33134</b>  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>ESKRA, PETER G<br/>100 MIRACLE MILE, SUITE 250<br/>CORAL GABLES, FL 33134</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |   |
| U00000657247<br>03/14/07-80055-013 50.00   |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>ESKRA, PETER G<br>100 MIRACLE MILE, SUITE 250<br>CORAL GABLES, FL 33134        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>LENHOFF, DOUG L<br>16325 BOONES FERRY ROAD, SUITE 101<br>LAKE OSWEGO, OR 97035 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |   |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |   |   |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  |   |   |
| Date <b>3/28/07</b> Daytime Phone # <b>305-448-0100</b>  |   |   |