
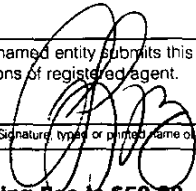



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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<b>DOCUMENT # L06000074811</b>					
<b>1. Entity Name</b> DISA 1, L.L.C.					
<b>Principal Place of Business</b> 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131			<b>Mailing Address</b> 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b>	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
LOPEZ, PETER M 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131				<b>Name</b> <i>Peter m. Lopez,</i> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <i>1911 NW 150 Avenue, Ste 201</i> <b>City</b> <i>Pembroke Pines</i> <b>FL</b> <b>Zip Code</b> <i>33028</i>	
<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.</b>					
<b>SIGNATURE</b> 				<b>DATE</b> <i>4/27/07</i>	
(NOTE: Registered Agent signature required when reinstating)				<b>Make check payable to Florida Department of State</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>ALBANO, ANTONIO</b> 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>ALBANO, DOMENICO</b> 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131	<input type="checkbox"/> Delete	<i>8/95/25</i> <b>700103594497</b> 05/31/07--01007--018 ***300.00		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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.</b>					
<b>SIGNATURE:</b> 				<b>DATE</b> <i>4/27/07</i>	
(NOTE: Registered Agent signature required when reinstating)				<b>Daytime Phone #</b>	