2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# L06000106562

Entity Name: 1905 DIPLOMAT, LLC

Current Principal Place of Business:

1500 SAN REMO AVE., SUITE 248
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1500 SAN REMO AVE., SUITE 248
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARED, PABLO R
1500 SAN REMO AVE., SUITE 248
BARED & ASSOC., PA
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAIN, JACOBO
Address: 1500 SAN REMO AVE., SUITE 248
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete
Name: FRANCO DE CAIN, LINDA
Address: 1500 SAN REMO AVE., SUITE 248
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAIN M 07/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date