


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000002426</b> 1. Entity Name <b>DIANNA, L.C.</b>			
2. Principal Place of Business <b>1001 PARK AVE TALLAHASSEE FL 32301</b>		3. Mailing Address <b>P.O. BOX 10805 TALLAHASSEE FL 32302</b>	
4. City, Apt. #, etc. 		5. Suite, Apt. #, etc. 	
6. City & State 		7. City & State 	
8. Country 		9. Country 	
10. Name and Address of Current Registered Agent <b>CHRISTMAS, STUART A 2984 WELLINGTON CIRCLE TALLAHASSEE FL 32309</b>		11. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITL	MGRM	TITLE	NAME
NAM	JOHNSON, JON E	NAME	NAME
STR	537 E. PARK AVENUE	STREET ADDRESS	STREET ADDRESS
CITY	TALLAHASSEE FL 32301	CITY-ST-ZIP	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITL	MGRM	TITLE	NAME
NAM	JOHNSON, ELIZABETH	NAME	NAME
STR	537 E. PARK AVENUE	STREET ADDRESS	STREET ADDRESS
CITY	TALLAHASSEE FL 32301	CITY-ST-ZIP	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITL		TITLE	NAME
NAM		NAME	NAME
STR		STREET ADDRESS	STREET ADDRESS
CITY		CITY-ST-ZIP	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAM		NAME	NAME
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CITY		CITY-ST-ZIP	CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITL		TITLE	NAME
NAM		NAME	NAME
STR		STREET ADDRESS	STREET ADDRESS
CITY		CITY-ST-ZIP	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 Section 119, Florida Statutes. I further certify that the information stated 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:**  01-20-06