


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT# L00000011397 1. Entity Name DIOTRIN, L.L.C.	
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Principal Place of Business 500 S LAKE DESTINY RD ORLANDO, FL 32810-6249	Mailing Address 500 S LAKE DESTINY RD ORLANDO, FL 32810-6249
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3685557	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAZAR, DANIEL D
2153 LEE ROAD
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

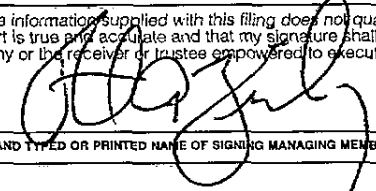
Filing Fee is \$50.00 Due by September 8, 2004 CK# 1117 \$50.00 PA 6/30/04

L00000163795
07/07/04-20017-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIOCESAN PUBLICATIONS, INC. 500 S LAKE DESTINY RD ORLANDO, FL 328106249
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIOCESAN PUBLICATIONS, LTD. 698 LIMEKILN ROAD NEW CUMBERLAND, PA 17070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POLACK PRINTING, INC. 7120 SOUTH DIVISION STREET GRAND RAPIDS, MI 49548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TRINITY NATIONAL CORP. 8416 NORTH I-35 AUSTIN, TX 78753
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  Robert A. ZIELKE, JR. 06-30-04 (407) 660-0001

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

MGRM - D.P.I., ORLANDO, FL.