


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 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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04212005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

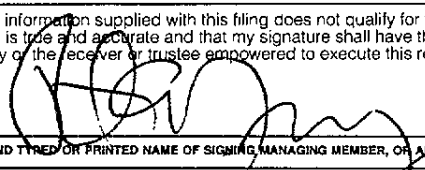
Filing Fee is \$50.00
Due by May 1, 2005
CH #1149
4/22/05

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	

000000330154
04/25/05-80147-020 50.00

**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)(i), 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** *(407)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # *04-22-05 660-0001*