


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.



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 *CD # 1149*
Due by May 1, 2005 *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	

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 04/25/05-80147-020 50.00

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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 **04-22-05** Daytime Phone # **660-0001**