

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000370

Entity Name: DIFIORE INVESTMENTS, L.L.C.

FILED  
Jan 03, 2007  
Secretary of State

**Current Principal Place of Business:**

4801 LINTON BLVD., #11A  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

4801 LINTON BLVD., #11A  
#643  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

4801 LINTON BLVD., #11A  
#643  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 65-1065073      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEINBERG, SONDR  
4801 LINTON BLVD. 11A, #643  
DELRAY BEACH, FL 33445      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: MGRM      ( ) Delete  
Name: CASALE, DONATO W  
Address: 4801 LINTON BLVD., #11A, #643  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONATO W CASALE      MGRM      01/03/2007

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