

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90083 001 \*\*\*\*50.00

**DOCUMENT #** L01000000370

1. Entity Name

DiFiore Investment, L.L.C.

**DO NOT WRITE IN THIS SPACE**

10106532

2. Principal Place of Business  
750 S.W. 17th Avenue

3. Mailing Address  
4801 Linton Blvd. #11A

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
#643

DO NOT WRITE IN THIS SPACE

City & State  
Delray Beach

City & State  
Delray Beach

4. FEI Number  
65-1065073

Applied For  
Not Applicable

Zip  
33444

Country

Zip  
33445

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
David Torchin, C.P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
8211 West Broward Blvd.  
Suite 200  
City  
Plantation FL Zip Code  
33324

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.

SIGNATURE  David Torchin, C.P.A.

Signature typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Manager Donato Walter Casale 4801 Linton Blvd. #11A, #643 Delray Beach, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Attachment #

DiFiore Investments, L.L.C.  
4801 Linton Blvd., #11A  
#643  
Delray Beach, FL 33445

10106532  
L01000000370

May 28, 2003

Division of Corporations  
PO 6327  
~~Tallahassee, FL 32314~~

Dear Sir/Madam:

It has recent come to our attention that the annual UBR form for our company has not been filed. I did not receive any previous notices or forms necessary to filing the form. Please accept the enclosed check of \$50.00 for the filing of our corporation's UBR.

Thank You.

Very Truly Yours,

  
Donato Walter Casale, Member/Manager