

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000748

FILED
Apr 13, 2009
Secretary of State

Entity Name: DIOGENES CONSORTIUM, L.L.C.

Current Principal Place of Business:

2445 RIVER TREE CIRCLE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

2445 RIVER TREE CIRCLE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3692013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLELLAN, DENNIS N
2445 RIVER TREE CIRCLE
SANFORD, FL 32771 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: MCCLELLAN, DENNIS N
Address: 2445 RIVER TREE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: MARRELLA, LEONARD S
Address: 25 PINEWOOD RD
City-St-Zip: WYOMISSING, PA 19610

Title: MGR () Delete
Name: DICE, DENIS C
Address: 32 N. POINT ROYAL DR
City-St-Zip: HILTON HEAD ISLAND, SC 29928

Title: MGR () Delete
Name: FRANCO, FRANK A
Address: 1425 OLD MILL RD
City-St-Zip: WYOMISSING, PA 19610

Title: MGR () Delete
Name: KRARAS, CHRIST G
Address: 51 TIMBERLINE DR
City-St-Zip: WYOMISSING, PA 19610

ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS N. MCCLELLAN

MGRM

04/13/2009

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