2007 LIMITED LIABILITY COMPANY

CITY-ST-ZP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP me MASS. STREET ADDRESS CITY-ST-ZP TITLE SEAME STREET ADDRESS

FILED **ANNUAL REPORT** Jan 12, 2007 08:00 AM DOCUMENT # L01000001881 **Secretary of State** 1. Entity Name DINÉRO ENTERPRISES, LLC Principal Place of Business Mailing Address 13298 82ND AVENUE NORTH 13298 82ND AVENUE NORTH SEMINOLE, FL 33776 SEMINOLE, FL 33776 01042007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3702405 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NOBLE, RONALD H DO NOT WRITE 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602 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 famillar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of requirered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SALAS, JOHN W NAME STREET ADDRESS 13298 82ND AVENUE N CITY-ST-ZIP SEMINOLE, FL 33776 MGRM MME SALAS, ALLISON K 13298 82ND AVENUE N STREET ADDRESS U00000584888 CITY-ST-ZIP SEMINOLE, FL 33776 01/12/07-80054-020 50.00 TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

11.	I hereby certify that the information Supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information
	indicated on this report is tree-and addurate and that my signature shall have the same legal effect as if made under dath; that I am a managing member or manager of the
	indicated on this report is tree and accurate and that my signature shall have the same legal effect as if made under dath; that I am a managing member or manager of the limited liability company of the receiver of trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _	\mathcal{Y}	\mathcal{N}				
BIGNATURGE AND	THE OR PRINTED NAME OF	IIGNING MANAGING MEMBER, OR AUTHORIZED REPRES	NYATIVE	Oate .	Dayarda Phone #	