

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007977

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: LAW OFFICES OF MATTHEW W. DIETZ, P.L.

## Current Principal Place of Business:

1320 S DIXIE HIGHWAY  
PENTHOUSE 1275  
CORAL GABLES, FL 33146

## New Principal Place of Business:

999 PONCE DE LEON BLVD.  
SUITE 735  
CORAL GABLES, FL 33134

## Current Mailing Address:

1320 S DIXIE HIGHWAY  
PENTHOUSE 1275  
CORAL GABLES, FL 33146

## New Mailing Address:

999 PONCE DE LEON BLVD.  
SUITE 735  
CORAL GABLES, FL 33134

FEI Number: 65-1103899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIETZ, MATTHEW W  
1320 S DIXIE HIGHWAY  
PENTHOUSE 1275  
CORAL GABLES, FL 33146

## Name and Address of New Registered Agent:

DIETZ, MATTHEW W  
999 PONCE DE LEON BLVD.  
SUITE 735  
CORAL GABLES, FL 33134

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:

04/30/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: DIETZ, MATTHEW W  
Address: 1320 S DIXIE HIGHWAY STE PH 1275  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DIETZ, MATTHEW W  
Address: 999 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MATTHEW W. DIETZ

MGR

04/30/2004

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