
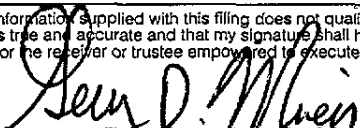


FILED
Apr 30, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY

DOCUMENT # L02000018742					
1. Entity Name DIKIM, LLC					
Principal Place of Business PO BOX 429 PALM HARBOR, FL 34682			Mailing Address PO BOX 429 PALM HARBOR, FL 34682		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 14-1839307	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
A1A REGISTERED AGENT, INC. 92 SADBERRY ROAD QUINCY, FL 32351-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM <input type="checkbox"/> Delete				
NAME	MINEAR, DIANE K				
STREET ADDRESS	PO BOX 429				
CITY-ST-ZIP	PALM HARBOR, FL 34682				
TITLE	MGRM <input type="checkbox"/> Delete				
NAME	POLLAK, KIMBERLY A				
STREET ADDRESS	PO BOX 429				
CITY-ST-ZIP	PALM HARBOR, FL 34682				
TITLE	MGRM <input type="checkbox"/> Delete				
NAME	POLLAK, HARVEY				
STREET ADDRESS	P.O. BOX 429				
CITY-ST-ZIP	PALM HARBOR, FL 34682				
TITLE	MGRM <input type="checkbox"/> Delete				
NAME	MINEAR, GERRY D				
STREET ADDRESS	P.O. BOX 429				
CITY-ST-ZIP	PALM HARBOR, FL 34682				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
U00000350049 05/02/05-80090-006 50.00					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 # _____					