


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90134 001 ***976.25

DOCUMENT # L03000000038 1. Entity Name DIMENSION CAPITAL MANAGEMENT LLC	
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Principal Place of Business 701 BRICKELL AVENUE STE. 850 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVENUE STE. 850 MIAMI, FL 33131
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01302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0781641	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRES, ONOFRE 701 BRICKELL AVENUE STE. 850 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ONOFRE 701 BRICKELL AVE STE 850 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUESTERMANN, PETER DIAGONAL 6, #10-31 ZONE 10 GUATEMALA CITY, GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, PHILIP A 1130 W ARMITAGE AVE UNIT C-2 CHICAGO, IL 60614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUENAS, MIGUEL DIAGONAL 6, #10-31, ZONE 10 GUATEMALA CITY, GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, RITA DIAGONAL 6, #10-31, ZONE 10 GUATEMALA CITY, GUATEMALA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUES, ALBERT 15529 MIAMI LAKEWAY N., #103 MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/5/08 305 371-2796