

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000342

1. Entity Name
DIA DORADO- WMB2, LLC



Principal Place of Business

**22 ROYAL PALM WAY STE. 303
BOCA RATON, FL 33432-7816**

Mailing Address

**22 ROYAL PALM WAY STE. 303
BOCA RATON, FL 33432-7816**



04052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0999939

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACOBY, D. KERRY
2178 WOODLANDS WAY
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE
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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JACOBY, D. KERRY
STREET ADDRESS	2178 WOODLANDS WAY
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGRM
NAME	JACOBY, NANCY B
STREET ADDRESS	22 ROYAL PALM WAY APT 303
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	JACOBY, DAVID E
STREET ADDRESS	22 ROYAL PALM WAY APT 303
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/05-80037-018 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

D. Kerry Jacoby **D. KERRY JACOBY** **15 APR 05**