


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000000342 1. Entity Name DIA DORADO- WMB2, LLC	
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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
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0999939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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	MGR JACOBY, D. KERRY 2178 WOODLANDS WAY DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBY, NANCY B 22 ROYAL PALM WAY APT 303 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBY, DAVID E 22 ROYAL PALM WAY APT 303 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/29/08-80067-014 138.75

**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: *D. Kerry Jacoby* **D. KERRY JACOBY 24APR08 OVER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #