2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000001308

1. Entity Name
THE DIPLOMAT COMMERCIAL PARTNERS, LLC

·34009088

Principal Place of Business	Mailing Address
235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND, FL 32751	235 SOUTH MAITLAND AVENUE, SUITE 216 MAITLAND, FL 32751

2. Principal Place of Business
1053 Maitland Cntr Comns

Suite, Apt. #, etc.
200

City & State
Maitland, FL

Zip 32751   Country Orange

3. Mailing Address
1053 Maitland Cntr Comns

Suite, Apt. #, etc.
200

City & State
Maitland, FL

Zip 32751   Country Orange

04262004   Chg-LLC   CR2E083 (10/03)

4. FEI Number 27-0042714   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, BERRY J JR ESQ
C/O WALKER AND ASSOCIATES, ATTORNEYS, P.A.
235 MAITLAND AVENUE SOUTH, SUITE 216
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

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 _____

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, 2004

Make check payable to
Florida Department of State

9.   MANAGING MEMBERS / MANAGERS

			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WALKER, BERRY J JR		NAME		
STREET ADDRESS	235 SOUTH MAITLAND AVENUE, SUITE 216		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: APR 2 8 2004

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