

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000001308

1. Entity Name

THE DIPLOMAT COMMERCIAL PARTNERS, LLC



Principal Place of Business

1053 MAITLAND CENTER COMMONS  
200  
MAITLAND, FL 32751

Mailing Address

1053 MAITLAND CENTER COMMONS  
200  
MAITLAND, FL 32751



07152005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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

7/15/05

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WALKER, BERRY J JR  
235 SOUTH MAITLAND AVENUE, SUITE 216  
MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000374344  
07/25/05-80006-005 50.00

**DO NOT WRITE  
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)(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, OR AUTHORIZED REPRESENTATIVE

7/15/05

407-478-1866

Daytime Phone #