


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90380 024 \*\*\*\*50.00

**DOCUMENT # L03000006009**

1. Entity Name  
**DIETERICH & COMPANY, LLC**



Principal Place of Business      Mailing Address

~~750 PALM AVENUE~~      ~~PO BOX 757~~      *SAME*  
~~BOCA GRANDE FL 33921~~      ~~BOCA GRANDE FL 33921~~

*209 A ROTONDA BLVD. WEST*  
*ROTONDA WEST, FL 33947*

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**86-1055680**       Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required



1st MOORE      CR2E083 (10/04)

6. Name and Address of Current Registered Agent

**DIETERICH, PETER D**  
~~750 PALM AVENUE~~  
~~BOCA GRANDE FL 33921~~  
*209 A ROTONDA BLVD. WEST*  
*ROTONDA WEST, FL 33947*

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]*      DATE: *3/14/05*

Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DIETERICH, PETER D	
STREET ADDRESS	<del>750 PALM AVENUE</del> <i>SEE # 6</i>	
CITY-ST-ZIP	<del>BOCA GRANDE FL 33921</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]*      DATE: *3/14/05*      DAYTIME PHONE # *941-698-9991*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE