


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000006009 1. Entity Name DIETERICH & COMPANY, LLC |  |
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| Principal Place of Business 209A ROTONDA BLVD. W. ROTONDA WEST FL 33947 US | Mailing Address 209A ROTONDA BLVD. W. ROTONDA WEST FL 33947 US |
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|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number 86-1055680 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
| Zip | Country | Zip |

1st MOORE CR2E083 (10/05)

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|---|---|
| 6. Name and Address of Current Registered Agent DIETERICH, PETER D 209 A ROTONDA BOULEVARD WEST ROTONDA WEST FL 33947 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|---|---|

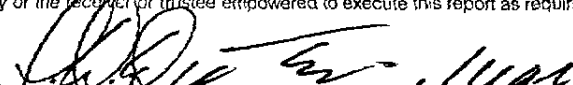
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DIETERICH, PETER D 209 A ROTONDA BOULEVARD WEST ROTONDA WEST FL 33947 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right;"> 000001482597 04/11/06-80081-023 50.00 </div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  3/27/06 941-662-9369