


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90089 021 ***138.75

DOCUMENT # L03000006009

1. Entity Name
 DIETERICH & COMPANY, LLC



Principal Place of Business Mailing Address
 209A ROTONDA BLVD. W. 209A ROTONDA BLVD. W.
 ROTONDA WEST FL 33947 ROTONDA WEST FL 33947
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 213 ROTONDA BLVD. WEST 213 ROTONDA BLVD. WEST

Suite, Apt. #, etc. Suite, Apt. #, etc.
 "A" "A"

City & State City & State
 ROTONDA WEST, FL ROTONDA WEST, FL

1st MOORE CR2E083 (10/07)

4. FEI Number 86-1055680 Applied For
 Not Applicable

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

Zip Country Zip Country
 33947 U.S. 33947 U.S.

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)
 1920 PENNSYLVANIA AVE
 City City Code Zip Code
 ENGLEWOOD FL 34224

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 PETER D. DIETERICH (NOTE: Registered Agent Signature Required) DATE 1/30/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	DIETERICH, PETER D	209 A ROTONDA BOULEVARD WEST	ROTONDA WEST FL 33947	<input checked="" type="checkbox"/>
MGR.	DIETERICH, PETER D	1920 PENNSYLVANIA AVE	ENGLEWOOD, FL 34224	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER D. DIETERICH, MGR. 941-698-9991
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Pw# 6#