2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027010

1. Entity Name
DIPLOMAT INVESTMENT, LLC

Principal Place of Business	Mailing Address
1325 SE 47TH STREET SUITE G CAPE CORAL, FL 33904	4829 CORONADO PARKWAY CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

02212005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
43-2023225	Not Applicable

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

6. Name and Address of Current Registered Agent

CONSOER, GEORGE L JR.
1625 HENDRY STREET
SUITE 301
FORT MYERS, FL 33901

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

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR	
NAME	MAUL, A. RUDOLPH	
STREET ADDRESS	4829 CORONADO PARKWAY	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	MGRM	
NAME	KELLY, DAN	
STREET ADDRESS	4829 CORONADO PARKWAY	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
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		

U00000318885
04/20/05-80076-012 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: _____   2/22/05   239 229 7019

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