2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2005
Secretary of State

DOCUMENT# L03000027344

Entity Name: DICOSIMO PROPERTIES, LLC

Current Principal Place of Business:

6306D GRAND BAHAMA CIRCLE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6306D GRAND BAHAMA CIRCLE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 05-0583601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAKILL, DAVID M
6306D GRAND BAHAMA CIRCLE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

VAKILI, DAVID M
6306D GRAND BAHAMA CIRCLE
TAMPA, FL 33615 US

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.

SIGNATURE: DAVID M VAKILI 01/22/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: VAKILL, DAVID M
Address: 6306D GRAND BAHAMA CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: MGR ( ) Delete
Name: VAKILL, RAVELLE S
Address: 6306D GRAND BAHAMA CIRCLE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VAKILI, DAVID M
Address: 6306D GRAND BAHAMA CIRCLE
City-St-Zip: TAMPA, FL 33615

Title: MGR (X) Change ( ) Addition
Name: VAKILI, RAVELLE S
Address: 6306D GRAND BAHAMA CIRCLE
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID M VAKILI MGR 01/22/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date