

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** <sup>50.00</sup>  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000040216**

1. Entity Name  
**DIEGO + HEYMANN + PARTNERS, LLC**



Principal Place of Business <b>1691, MICHIGAN AV          SUITE # 415          MIAMI BEACH, FL 33139</b>	Mailing Address <b>1691, MICHIGAN AV          SUITE # 415          MIAMI BEACH, FL 33139</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0316854</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DIEGO, GUILLERMO V MR  
 1691, MICHIGAN AV  
 SUITE # 415  
 MIAMI BEACH, FL 33139**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	DIEGO, GUILLERMO V MR		
	1691, MICHIGAN AV # 415		
	MIAMI BEACH, FL 33139		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #