2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2006 08:00 A
Secretary of State

DOCUMENT # L03000042370

1. Entity Name
DIMARE RUSKIN LLC

Principal Place of Business	Mailing Address
U.S. 41 N. RUSKIN 5715 P.O. BOX 967 RUSKIN, FL 33570-0967	U.S. 41 N. RUSKIN 5715 P.O. BOX 967 RUSKIN, FL 33570-0967

07222006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0440788
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SACHER, CHARLES P
2655 LEJEUNE ROAD
SUITE 1101
CORAL GABLES, FL 33134

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 September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DIMARE, ANTHONY J
STREET ADDRESS	U.S. 41 N. RUSKIN 5715
CITY-ST-ZIP	RUSKIN, FL 335700967
TITLE	CFO
NAME	FOLWELL, RONALD
STREET ADDRESS	258 NW 1ST AVE.
CITY-ST-ZIP	FLORIDA CITY, FL 33034
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	

U00000573838
08/08/06-80004-006 55.00

DO NOT WRITE IN THIS SPACE

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: Ronald L. Folwell 7-22-06 305-245-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #