



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000042370	
1. Entity Name DIMARE RUSKIN LLC	

Principal Place of Business U.S. 41 N. RUSKIN 5715 P.O. BOX 967 RUSKIN, FL 33570-0967	Mailing Address U.S. 41 N. RUSKIN 5715 P.O. BOX 967 RUSKIN, FL 33570-0967
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01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0440788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000800602
01/31/08-80023-025 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIMARE, ANTHONY J U.S. 41 N. RUSKIN 5715 RUSKIN, FL 335700967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO FOLWELL, RONALD 258 NW 1ST AVE. FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Arnold L. Folwell* 1-16-08 305-245-4211

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