2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049915

Entity Name: DIBACCO ENTERPRISES L.L.C.

229 CROOKED STICK CT

City-St-Zip: ORLANDO, FL 32828

Address:

FILED Jan 11, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|---|----------------------------------|---|---------------------------------------|
| | OKED STICK C D, FL 32828 | Т | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | OKED STICK C D, FL 32828 | Т | | |
| FEI Number | : 42-1613937 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| 229 CROC | IEZ-DIBACCO, DKED STICK C D, FL 32828 | | | |
| | e named entity s e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both |
| SIGNATUI | RE: | | | |
| | Electron | ic Signature of Registered Age | ent | Date |
| MANAGING MEMBERS/MEMBERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: | MGRM () | Delete HARD | Title: Name | () Change () Addition |

Address:

City-St-Zip:

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: RICHARD DIBACCO MGRM 01/11/2005