


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|--|--|--|---|----------|
| DOCUMENT # L03000051319 1. Entity Name DIAZ IRON DESIGNS, LLC | | | |  | |
| Principal Place of Business P.O. BOX 152191 TAMPA FL 33684 | | Mailing Address P.O. BOX 152191 TAMPA FL 33684 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 36-4545805 | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Country | | Country | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DIAZ, DAN 3922 W. POWHATAN AVENUE TAMPA FL 33614 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |



1st MOORE CR2E083 (10/05)

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 certifying) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|-------------------------|---------------------------------|-----------------------|--------------------------|---|
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIAZ, DAN | | NAME | | |
| STREET ADDRESS | 3922 W. POWHATAN AVENUE | | STREET ADDRESS | | |
| CITY - ST - ZIP | TAMPA FL 33614 | | CITY - ST - ZIP | | |
| | | | | U00000440987 | |
| | | | | 03/03/06-80018-006 50.00 | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DANAE DIAZ 02-17-06