

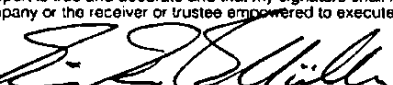


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

May 12, 2006 8:00 am
Secretary of State

04-18-2006 90005 026 ****50.00

DOCUMENT # L03000053849 1. Entity Name DFI/CSH, NO. 1, LLC			
Principal Place of Business 1704 WEST GRACE STREET TAMPA, FL 33607-5415		Mailing Address 1704 WEST GRACE STREET TAMPA, FL 33607-5415	
2. Principal Place of Business 320 W. Kennedy #200 Suite, Apt. #, etc. TAMPA, FL 33606 City & State 33606 Zip		3. Mailing Address 320 W. Kennedy #200 Suite, Apt. #, etc. TAMPA, FL City & State 33606 Zip	
			
		04062006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 05-0598124		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBBS, ROBERT S ESQ. 3719 SWANN AVENUE TAMPA, FL 33609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	MGRM
NAME	DIAZ, DELVIS H	NAME	Muller, ERIC
STREET ADDRESS	1704 WEST GRACE STREET	STREET ADDRESS	320 W. Kennedy #200
CITY-ST-ZIP	TAMPA, FL 336075415	CITY-ST-ZIP	TAMPA, FL 33606
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	MGRM	TITLE	MGRM
NAME	ISABEL, SCOTT	NAME	DIAZ, Delvis H.
STREET ADDRESS	1704 WEST GRACE STREET	STREET ADDRESS	320 W. Kennedy #200
CITY-ST-ZIP	TAMPA, FL 336075415	CITY-ST-ZIP	TAMPA, FL 33606
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		Eric E. Muller 4-206 817-251-0288	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	