


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90156 013 \*\*\*\*50.00

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| <b>DOCUMENT # L04000010781</b><br>1. Entity Name<br><b>DIA OLD CUTLER, LLC</b>  |  |                                 |   |    |  |
| Principal Place of Business<br><b>10570 SOUTHWEST 56TH TERRACE<br/>MIAMI FL 33173</b>   |  |                                 | Mailing Address<br><b>10570 SOUTHWEST 56TH TERRACE<br/>MIAMI FL 33173</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                 |   |  |
| City & State  |  |                                 | City & State  |   |  |
| Zip   | Country  | Zip                             | Country   | 4. FEI Number <b>200799442</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/>Not Applicable         </div>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |                                 |   | 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI FL 33145</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |  |                                 |   | 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 _____<br><small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>  |  |                                 |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>MENDEZ, IGNACIO<br/>10570 SOUTHWEST 56TH TERRACE<br/>MIAMI FL 33173</b> | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>DENNIS, EDUARDO<br/>10570 SOUTHWEST 56TH TERRACE<br/>MIAMI FL 33173</b> | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>ACOSTA, ANA<br/>10570 SOUTHWEST 56TH TERRACE<br/>MIAMI FL 33173</b>     | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 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. |  |                                 |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                                 |   |   |  |
| <small>Date Daytime Phone #</small>   |  |                                 |   |   |  |