

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90005 008 \*\*\*\*50.00

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DOCUMENT # L04000010781			
1. Entity Name DIA OLD CUTLER, LLC			
Principal Place of Business 10570 SOUTHWEST 56TH TERRACE MIAMI, FL 33173		Mailing Address 10570 SOUTHWEST 56TH TERRACE MIAMI, FL 33173	
2. Principal Place of Business		3. Mailing Address 1550 Madruga ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #150	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip	Country
		33146	USA
4. FEI Number 20-0799442		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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$60.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDEZ, IGNACIO 10570 SOUTHWEST 56TH TERRACE MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1550 Madruga ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #150 Coral Gables, FL. 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENNIS, EDUARDO 10570 SOUTHWEST 56TH TERRACE MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1550 Madruga ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #150 Coral Gables, FL. 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACOSTA, ANA 10570 SOUTHWEST 56TH TERRACE MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Eduardo Dennis</u>		Date: <u>1/10/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	