

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028144

Entity Name: DIMARE RUSKIN #2, LLC

FILED  
Mar 27, 2009  
Secretary of State

## Current Principal Place of Business:

US 41 N. RUSKIN 5715  
RUSKIN, FL 335700967

## New Principal Place of Business:

5715 US HWY 41 N.  
RUSKIN, FL 33570

## Current Mailing Address:

P.O. BOX 967  
RUSKIN, FL 33570

## New Mailing Address:

P.O. BOX 967  
RUSKIN, FL 33575

FEI Number: 59-1226243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SACHER, CHARLES P  
2655 LEJEUNE RD, STE 1101  
CORAL GABLES, FL US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DIMARE, ANTHONY J  
Address: US 41 N. RUSKIN 5715  
City-St-Zip: RUSKIN, FL 335700967

Title: CFO ( ) Delete  
Name: FOLWELL, RONALD  
Address: 258 NW 1ST AVE  
City-St-Zip: FLORAL CITY, FL 33034

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DIMARE, ANTHONY J  
Address: 5715 US HWY 41 N.  
City-St-Zip: RUSKIN, FL 33570

Title: CFO (X) Change ( ) Addition  
Name: FOLWELL, RONALD L  
Address: 258 NW 1ST AVE  
City-St-Zip: FLORAL CITY, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RONALD L. FOLWELL

CFO

03/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date