


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-27-2006 90052 024 ****50.00

DOCUMENT # L04000050882 1. Entity Name DIA, LLC					
Principal Place of Business 937 NORTH LAKE WAY PALM BEACH, FL 33480 US			Mailing Address 937 NORTH LAKE WAY PALM BEACH, FL 33480 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
				4. FEI Number 04-3524506 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BIRMINGHAM, PAUL 937 NORTH LAKE WAY PALM BEACH, FL 33480			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
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	MGR	<input type="checkbox"/> Delete	TITLE	Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRMINGHAM, STEPHEN		NAME	Birmingham, Stephen	
STREET ADDRESS	774 NORFOLK STREET		STREET ADDRESS	10 Greystone Road	
CITY- ST- ZIP	MANSFIELD, MA 02048		CITY- ST- ZIP	Dover, MA 02030	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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>Stephen D. Birmingham</u> <u>Paul Patton</u> <u>2/27/06</u> <u>508-782-8440</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone</small> </div>					

ATTACHMENT
30005164

PLOURDE, BOGUE & MOYLAN, LLP

ATTORNEYS AT LAW

50 EXCHANGE TERRACE
SUITE 320
PROVIDENCE, RI 02903

TEL (401) 453-0550
FAX (401) 421-7806
E-MAIL: LINDA@PBMLEGAL.COM

PAUL PLOURDE†
RICHARD A. BOGUE‡
THOMAS J. MOYLAN‡

ALSO ADMITTED IN:
‡MASSACHUSETTS
†DISTRICT OF COLUMBIA
‡MASSACHUSETTS & FLORIDA

April 12, 2006

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314


Re: DIA, LLC
L04000050882

Dear Sir/Madam:

Enclosed please find the corrected copy of the 2006 Annual Report for the above referenced entity and a copy of the letter from your office.

Kindly date-stamp the enclosed copy and return to me in the enclosed stamped self-addressed envelope.

Sincerely,


Linda Reilly
Assistant

Encs.