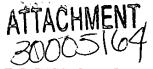
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State 03-27-2006 90052 024 \*\*\*\*50.00

3/

DOCUMENT # L0400050882  1. Entity Name DIA, LLC							03-27-20C		30.00
Principal Place of Business Mailing Address 937 NORTH LAKE WAY 937 NORTH LAKE WAY PALM BEACH, FL 33480 US PALM BEACH, FL 33480				S		1111111	LIF FRINC BERGE ABOUT A FOR BARK	4 E/DI SIM EFITI (EIS) (206 KI	BOTI Jiế (BB)
2. Principal P	Tace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				D1182006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State				4. FEI Numb	<u>**</u> 04-356	/U ¬/// // ———	optied For Applicable
Zip Country		Zip	Country			5. Certificati	B of Status Desired _	\$5.00	litional
6. Name and Address of Current Registered Agent				Name		7. Name an	d Address of New Re	gistered Agent	
937 NORT	HAM, PAIJL TH LAKE WAY ACH, FL 33480	Street Addre			dress (F	s (P.O. Box Number is Not Acceptable)			
				City				FL Zip Code	8
B. 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									
Signature, typed or printed name of registered agent and site of applicable (NOTE: Registered Agent signature required when remstating)  DATE									
Fi D							check payable to Department of State		
9.	MANAGING MEMBER		10.				ADDITIONS/0		
TITLE NAME	MGR Delete 11 BIRMINGHAM, STEPHEN N				Manager X Change 3			☐ Addition	
STREET ADDRESS CITY-ST-ZIP	774 NORFOLK STREET			ET ADDRESS -S1-ZIP	10 Dov	Greyst er, MA	one Road 02030		
TITLE NAME				E .				☐ Change	Addition
SIREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
TITLE		☐ Delete	TITL					Change	Addition
STREET ADDRESS				ET ADORESS			•		
TITLE		☐ Delete	ntta					☐ Change	Addition
STREET ADDRESS			nam Sire	ET ADDRESS					ļ
CITY-ST-ZIP		☐ Delete	CITY	-\$1-ZIP			<u> </u>	Change	Addition
NAME		Desca	NAM	£				_1 coefe	
STREET ADDRESS CITY-ST-ZIP				et address -st-zip					İ
TITLE		☐ Delete	THLE					Change	Addition
NAME STREET ADORESS				ET ADDRESS					
CITY-ST-ZIP	pertily that the intermedian complied with	this filling does not available	_1	-ST-ZIP	tained is	o Chapter 119	Florida Statutos I fuel	her certify that the inte-	rmation
11. Thereby 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: Signature and type of Printed Name of Signature Grand Manager, on Authorities Representative Date Departed Prome Pr									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MARKENS MEMBER, MAY SEER, OR AUTHORISED REPRESENTATIVE Date Dayline Prome #									



## 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. BOGUE1 THOMAS J. MOYLAN‡ ALSO ADMITTED IN: 1MASSACHUSETTS †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.