

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051800

Entity Name: DIMAMAFO, L.L.C.

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

1004 SOUTH U.S. 1
FT. PIERCE, FL 34950

New Principal Place of Business:

2112 S US HWY 1
STE 201
FT. PIERCE, FL 34950

Current Mailing Address:

1004 SOUTH U.S. 1
FT. PIERCE, FL 34950

New Mailing Address:

2112 S US HWY 1
STE 201
FT. PIERCE, FL 34950

FEI Number: 20-1519311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCIOLI, I.A.
1004 SOUTH U.S. 1
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

FOGAL, CHRISTOPHER E
2112 S US HWY 1 STE 201
FT. PIERCE, FL 34950 US

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: CHRISTOPHER E FOGAL

01/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MASCIOLI, I.A.
Address: 1004 SOUTH U.S. 1
City-St-Zip: FT. PIERCE, FL 34950

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: FOGAL, CHRISTOPHER E
Address: 2112 S US HWY 1 STE 201
City-St-Zip: FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER E FOGAL

MGRM

01/15/2007

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