

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90111 031 \*\*\*\*50.00

<b>DOCUMENT # L04000064058</b>					
<b>1. Entity Name</b> DIPLOMAT 402, LLC					
<b>Principal Place of Business</b> 131 ANTIQUERA AVE. #3 CORAL GABLES, FL 33134			<b>Mailing Address</b> 131 ANTIQUERA AVE. #3 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b> 3535 S. Ocean Drive		<b>3. Mailing Address</b> 3535 S. Ocean Drive			
Suite, Apt. #, etc. Unit 402		Suite, Apt. #, etc. Unit 402		04182007    Chg-LLC    CR2E083 (12/06)	
City & State Hollywood, FL		City & State Hollywood, FL		<b>4. FEI Number:</b> 33-1099781	
Zip 33019		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ANDREW N. CASSAS, P.A. 900 LINTON BLVD., SUITE 202 DELRAY BEACH, FL 33444			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to: Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENECCO, PAUL 131 ANTIQUERA AVE. #3 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENECCO, DAVID 131 ANTIQUERA AVE. #3 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENECCO, THOMAS 131 ANTIQUERA AVE. #3 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>			Date: 4/30/07    3154330040		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: _____    Daytime Phone #: _____		