2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2008 08:00 AN Secretary of State

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1. Entity Name

PINERO-DIAZ MANAGEMENT, LLC



Principal Place of Business

5768 S.W. 94TH STREET PINECREST, FL 33156

Mailing Address

5768 S.W. 94TH STREET PINECREST, FL 33156



DO NOT WRITE IN THIS SPACE

04252008 No Chg-LLC CR2E083 (12/07)

4. FE! Number 20-1644614

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PINERO, JOSE R 5768 S.W. 94TH STREET PINECREST, FL 33156

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE After May	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	PINERO, JOSE R		
STREET ADDRESS	5768 S.W. 94TH STREET		U00000946646
CITY-ST-ZIP	PINECREST, FL 33156		000000346646 05/30/08-80058-011 138.75
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11. I hereby certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true-end 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: >

CITY-ST-ZIP

SIGNATURE AND TYP PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #