

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90024 021 \*\*\*\*50.00

**20033106**



02212006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000081125</b> 1. Entity Name <b>DIANET INVESTMENTS, LLC</b>					
Principal Place of Business <b>2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI, FL 33131</b>			Mailing Address <b>2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI, FL 33131</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>20-1862663</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BOULEVARD, SUITE 3400 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>GY Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 S. Biscayne Blvd., Suite 3400</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</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.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<b>Mark J. Scheer, President</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</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 THE MICHAEL B AZEEZ FLORIDA TRUST 2187 MARSEILLES DRIVE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARPA, JOHN F 2187 MARSEILLES DRIVE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE CARL D PETERSON REVOCABLE TRUST 2187 MARSEILLES DRIVE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERMAIL, RICHARD 2187 MARSEILLES DRIVE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERMAIL, RICHARD 2187 MARSEILLES DRIVE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERMAIL, RICHARD 2187 MARSEILLES DRIVE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:				Date <b>4/1/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <b>305-374-4181</b>	