

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008387

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** DIOVANY'S MANAGEMENT GROUP, L.L.C.

**Current Principal Place of Business:**

355 NW 109TH AVENUE  
SUITE 614  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

355 NW 109TH AVENUE  
SUITE 614  
MIAMI, FL 33172

**New Mailing Address:**

16575 SW 117TH AVENUE  
MIAMI, FL 33177

**FEI Number:** 03-0554046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, LEONIDES  
355 NW 109TH AVENUE  
SUITE 614  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARTINEZ, LEONIDES  
Address: 355 NW 109TH AVENUE SUITE 614  
City-St-Zip: MIAMI, FL 33172

Title: MGRM ( ) Delete  
Name: ILLA MARTINEZ, RENE D MGRM  
Address: 355 NW 109TH AVENUE SUITE 614  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: ILLA MARTINEZ, RENE D MGRM  
Address: 16575 SW 117TH AVENUE  
City-St-Zip: MIAMI, FL 33177

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: LEONIDES MARTINEZ

MGRM

04/12/2007

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