

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016703

FILED  
May 25, 2007  
Secretary of State

**Entity Name:** CARUSO DIENHART (TBE) FAMILY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1911 EMBASSY DRIVE  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 182  
PALM BEACH, FL 33480 US

**New Mailing Address:**

**FEI Number:** 75-3182714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CARUSO DIENHART, DAWN  
1911 EMBASSY DRIVE  
WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARUSO DIENHART, DAWN  
Address: PO BOX 182  
City-St-Zip: PALM BEACH, FL 33480 US

Title: MGRM ( ) Delete  
Name: DIENHART, EWALD J  
Address: PO BOX 182  
City-St-Zip: PALM BEACH, FL 33480 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DAWN CARUSO DIENHART

MGR

05/25/2007

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