## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

SIGNATURE:

## Apr 25, 2008 8:00 am Secretary of State **DOCUMENT # L05000016795** 04-25-2008 90088 001 \*\*\*416.25 DIETEL INVESTMENTS, LLC Principal Place of Business Mailing Address 250 RIO DRIVE 250 RIO DRIVE ORLANDO FL 32810-6285 ORLANDO FL 32810-6285 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 20-2413881 Not Applicable Zip Country Zip Couritry \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIETEL, WARREN G 2091 TEMPLE DRIVE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 City Zip Code FL 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, typed or somed name of registered agent and title disposable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 .--Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE TITLE Delete Change ☐ Addition NAME DIÉTEL, WARREN G NAME STREET ADDRESS 2091 TEMPLE DRIVE STREET ADDRESS CITY - ST- ZIP WINTER PARK FL 32789 CHY-ST-ZIP THILE ☐ Delete Change Addition MARIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete MILLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and flat 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 expressed enurowered to execute this report as required by Chapter 608, Florida Statutes.

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

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