2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 18, 2006
Secretary of State

DOCUMENT# L05000020928

Entity Name: D.I. FLYERS, LLC

Current Principal Place of Business:

11300 4TH STREET NORTH
200
ST. PETERSBURG, FL 33716

New Principal Place of Business:

11300 4TH STREET NORTH
100
ST. PETERSBURG, FL 33716

Current Mailing Address:

11300 4TH STREET NORTH
200
ST. PETERSBURG, FL 33716

New Mailing Address:

11300 4TH STREET NORTH
100
ST. PETERSBURG, FL 33716

FEI Number: 20-2746848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, DARIAN W
11300 FOURTH STREET NORTH STE. 200
ST. PETERSBURG, FL 33716 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: MGM ( ) Delete
Name: JOHNSON, DARIAN W
Address: 1300 4TH STREET NORTH, #200
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGM (X) Delete
Name: SMITH, FORD
Address: 11300 4TH STREET NORTH, #200
City-St-Zip: ST. PETERSBURG, FL 33716

ADDITIONS/CHANGES:

Title: MGM (X) Change ( ) Addition
Name: CURTISS, MARK P
Address: 2404 S. DUNDEE STREET
City-St-Zip: TAMPA, FL 33629

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

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: MARK P. CURTISS MGM 09/18/2006

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