2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90012 029 ****55.00

04222006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000057727

1. Entity Name
DINA CM, LLC

Principal Place of Business	Mailing Address
28331 ROYAL PALM DRIVE PUNTA GORDA, FL 33982 US	28331 ROYAL PALM DRIVE PUNTA GORDA, FL 33982 US

2. Principal Place of Business		3. Mailing Address	
3959 SAN ROCCO DR.		3959 SAN ROCCO DR.	
Suite, Apt. #, etc.: #221		Suite, Apt. #, etc.: 221	
City & State: PUNTA GORDA FL		City & State: PUNTA GORDA FL	
Zip: 33950	Country	Zip: 33950	Country

4. FEI Number: 20-2994754 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MELLON, CURTIS A
~~28331 ROYAL PALM DRIVE~~
~~PUNTA GORDA, FL 33982~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 3959 SAN ROCCO DR #221
City: PUNTA GORDA FL Zip Code 33950

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 [signature] Curtis A Mellon — 4.20.06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELLON, CURTIS A ~~28331 ROYAL PALM DRIVE~~ ~~PUNTA GORDA, FL 33982~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3959 SAN ROCCO DR #221 PUNTA GORDA FL 33950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEDERAU, MICHAEL E ~~28331 ROYAL PALM DRIVE~~ ~~PUNTA GORDA, FL 33982~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3959 SAN ROCCO DR. #221 PUNTA GORDA FL 33950	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Curtis A. Mellon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #