2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000063950 1. Entity Name DIDALU, L.L.C.



FILED Aug 29, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

8360 WEST FLAGLER STREET, SUITE #200 MIAMI, FL 33144

8360 WEST FLAGLER STREET, SUITE #200 MIAMI, FL 33144



DO NOT WRITE IN THIS SPACE

08252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 80-0135467 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TORINO, SILVINA S 8360 WEST FLAGLER STREET, SUITE #200 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or registered agent, or both, in the Sta	ite of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	od tila if apolicable (NOTE: Registere	d Agent signature required when reinstating)	DATE
	alguature, rypeu or printed harne of registered agent a	d file if applicable (NOTE Hegistere	C Viter a firema sedicinen and segmentari Alt	DATE
	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.1 liability company did not recompany to the company did not recompany did n	93(2)(b), F.S., the limited beive the prior notice.	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	<u> </u>		10000000000000
NAME	TORINO, SILVINA S		U00000958542	
STREET ADDRESS	8360 WEST FLAGLER STREET,	SUITE #200	U8/ <i>a</i>	29/08-80001-002 138.75
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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

STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #