


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 05, 2006 8:00 am
Secretary of State

05-04-2006 90025 014 ****50.00

| | |
|---|---|
| DOCUMENT # L05000097662 |  |
| 1. Entity Name THE DIMILLO GROUP, LLC | |

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|--|--|
| Principal Place of Business 1355 S. INTERNATIONAL PARKWAY 2461 LAKE MARY FL 32746 US | Mailing Address 1355 S. INTERNATIONAL PARKWAY 2461 LAKE MARY FL 32746 US |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|---|

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|--|--|
| 6. Name and Address of Current Registered Agent DIMILLO, LOUIE 1355 S. INTERNATIONAL PARKWAY 2461 LAKE MARY FL 32746 | |
|--|--|

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|---|--|
| 4. FEI Number 20-3574894 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|---|--|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---------------------------------|
| TITLE MANAGING PRESIDENT | <input type="checkbox"/> Delete |
| NAME DIMILLO, LOUIE | |
| STREET ADDRESS 1355 S. INTERNATIONAL PARKWAY #2461 | |
| CITY- ST- ZIP LAKE MARY FL 32746 | |
| TITLE VICE PRESIDENT | <input type="checkbox"/> Delete |
| NAME CHRIS DIMILLO | |
| STREET ADDRESS 1355 S. International PKWY #2461 | |
| CITY- ST- ZIP LAKE MARY, FL 32746 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| 10. ADDITIONS/CHANGES | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

11. I hereby 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 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 *Louie Dimillo* **LOUIE DIMILLO** 4-26-06 407-936-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #