

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000061391

1. Entity Name
DIMENSION PARTNERS INTERNATIONAL, LLC



FILED

07 APR 23 AM 7:52

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 348115
CORAL GABLES, FL 33234

Mailing Address
P.O. BOX 348115
CORAL GABLES, FL 33234



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-5060281

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE PROCESS SERVICES, INC.
2300 CORAL WAY
MIAMI, FL 33145

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when name(s) change)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME JUNCOSA, RAMON E
STREET ADDRESS P.O. BOX 348115
CITY - ST - ZIP CORAL GABLES, FL 33234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MGR ☐ Delete
NAME JUNCOSA, MARIA E
STREET ADDRESS P.O. BOX 348115
CITY - ST - ZIP CORAL GABLES, FL 33234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

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

Date

Daytime Phone #

RAMON E. JUNCOSA, MGR

4/10/07

805/856-0056