- 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 02, 2007 8:00 am Secretary of State 0000072581 1. Entity Name 04-02-2007 90442 028 ****50.00 DIPLOMAT DRIVE, LLC Principal Place of Business Mailing Address 506 N. MARTIN LUTHER KING IR. AVE. 506 N. MARTIN LUTHER KING JR. AVE. CLEARWATER, FL 33755 CLEARWATER, FL 33755 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262007 Applied For City & State City & State > Not Applicable Zip Country Zip Country \$5.00 00000000 5. Certificate of Status Desired eccon accomo 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, KA 506 N. MARTIN LUTHER KING JR. AVE. Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33755 City Zip Code 3. 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, KA NAME NAME 506 N. MARTIN LUTHER KING JR. AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 CITY+ST-7IP MGRM Delete TITLE ☐ Change ☐ Addition WILLIAMS, BRUCE A NAME NAME STREET ADDRESS 506 N. MARTIN LUTHER KING JR. AVE. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change C Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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.

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-26-07

726-446-6077

Daytime Phone #

FILED