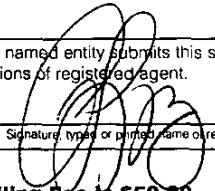


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000074811					
1. Entity Name DISA 1, L.L.C.					
Principal Place of Business 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131			Mailing Address 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
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		
LOPEZ, PETER M 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131			Name <u>Peter m. Lopez,</u> Street Address (P.O. Box Number is Not Acceptable) <u>1911 NW 150 Avenue, Ste 201</u> City <u>Pembroke Pines</u> FL Zip Code <u>33028</u>		
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 			DATE <u>4/27/07</u>		
(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		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBANO, ANTONIO 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/95/25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBANO, DOMENICO 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700103594497 05/31/07--01007--018 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBANO, DOMENICO 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700103594497 05/31/07--01007--018 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBANO, DOMENICO 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700103594497 05/31/07--01007--018 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBANO, DOMENICO 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700103594497 05/31/07--01007--018 ***300.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBANO, DOMENICO 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700103594497 05/31/07--01007--018 ***300.00
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: 			MGR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE <u>4/27/07</u>		
DAYTIME PHONE #			DAYTIME PHONE #		