2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

56

DOCUMENT # L06000074811

1. Entity Name
DISA 1, L.L.C.

FILED
07 MAY 17 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04262007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131	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 ☒ Applied For ☐ Not Applicable

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: Peter M. Lopez, Street Address (P.O. Box Number is Not Acceptable): 1911 NW 150 Avenue, Ste 201 City: Pembroke Pines FL Zip Code: 33028

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] 4/27/07
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	☐ Change ☐ Addition [initials] 5/25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALBANO, DOMENICO 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131 ☐ Delete	☐ Change ☐ Addition 700103594497 05/31/07--01007--019 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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: Domenico Albano MGR 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #