


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000083665</b> 1. Entity Name DIFEDE & ASSOCIATES 001, L.L.C.	
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Principal Place of Business 4002 DEL PRADO BOULEVARD CAPE CORAL, FL 33904	Mailing Address 4002 DEL PRADO BOULEVARD CAPE CORAL, FL 33904
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03242008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-8461432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN R ESQ.  
1105 CAPE CORAL PARKWAY EAST  
SUITE C  
CAPE CORAL, FL 33904

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)  
DATE \_\_\_\_\_

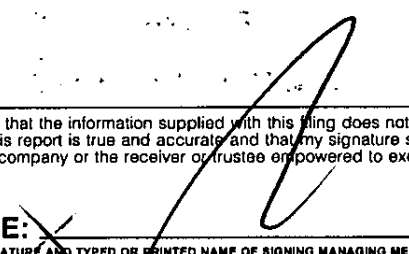
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000901007  
04/29/08-80050-021 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIFEDE, MICHAEL 4002 DEL PRADO BOULEVARD CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIFEDE, ANTHONY 4002 DEL PRADO BOULEVARD CAPE CORAL, FL 33904
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**DO NOT WRITE  
IN THIS SPACE**

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:**  **4/10/08** **239 274 7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #