

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088686

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: DIPLOMAT COURT INVESTMENT LLC

**Current Principal Place of Business:**

10271 SW 72ND STREET  
STE 102  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10271 SW 72ND STREET  
STE 102  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALOS, ANDRES F  
10271 SW 72ND STREET  
STE 102  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VIAS, MARTHA  
Address: 10271 SW 72ND STREET  
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete  
Name: ALOS, ANDRES  
Address: 10271 SW 72ND STREET  
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete  
Name: PADRON, RAFAEL JR  
Address: 10271 SW 72ND STREET  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTHA VIAS

MGRM

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date