

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040429

FILED
Jan 19, 2009
Secretary of State

Entity Name: DICHRIM REAL ESTATE, LLC

Current Principal Place of Business:

25 HOMESTEAD ROAD
SUITE 11
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

25 HOMESTEAD ROAD
SUITE 11
LEHIGH ACRES, FL 33936

New Mailing Address:

25 HOMESTEAD ROAD
SUITE 11
LEHIGH ACRES, FL 33936 US

FEI Number: 65-0538217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, JOHN M
8911 DANIELS PARKWAY
SUITE 6
FORT MYERS, FL 33912 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: HINZ, DIETER
Address: 25 HOMESTEAD ROAD, STE 11
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM () Delete
Name: HINZ, CHRISTINE
Address: 25 HOMESTEAD ROAD, STE 11
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HINZ, DIETER
Address: 25 HOMESTEAD ROAD, STE 11
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: MGRM (X) Change () Addition
Name: HINZ, CHRISTINE
Address: 25 HOMESTEAD ROAD, STE 11
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: CHRISTINE HINZ

MGRM

01/19/2009

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