

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049950

FILED
Jul 08, 2008
Secretary of State

Entity Name: DIPLOMAT DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

8615 COMMODITY CIRCLE
SUITE 7
ORLANDO, FL 32819

New Principal Place of Business:

233 BELLAGIO CIRCLE
SUITE 233
SANFORD, FL 32771

Current Mailing Address:

8615 COMMODITY CIRCLE
SUITE 7
ORLANDO, FL 32819

New Mailing Address:

233 BELLAGIO CIRCLE
SUITE 233
SANFORD, FL 32771

FEI Number: 26-0142422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VELOSO, RAIMUNDO D
8615 COMMODITY CIRCLE
SUITE 7
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

VELOSO, RAIMUNDO D
233 BELLAGIO CIRCLE
SUITE 233
SANFORD, FL 32771 US

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: RAIMUNDO D. VELOSO

07/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VELOSO, RAIMUNDO D
Address: 8615 COMODITY CIRCLE SUITE 7
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VELOSO, RAIMUNDO D
Address: 233 BELLAGIO CIRCLE
City-St-Zip: SANFORD, FL 32771

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: RAIMUNDO D. VELOSO

MGRM

07/08/2008

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