2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# L07000122912

Entity Name: DIPLACIDO & GOLDBERG, P.L.

Current Principal Place of Business:

1625 HENDRY STREET STE 103
FT MYERS, FL 33901

New Principal Place of Business:

1639 HENDRY STREET
FT MYERS, FL 33901

Current Mailing Address:

1625 HENDRY STREET STE 103
FT MYERS, FL 33901

New Mailing Address:

1639 HENDRY STREET
FT MYERS, FL 33901

FEI Number: 26-1561091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BLVD
FT MYERS, FL 33919 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: MGR ( ) Delete
Name: GOLDBERG, DAVID M
Address: 1625 HENDRY STREET STE 103
City-St-Zip: FT MYERS, FL 33901

Title: MGR ( ) Delete
Name: DIPLACIDO, FRANK P III
Address: 1625 HENDRY STREET STE 103
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOLDBERG, DAVID M
Address: 1639 HENDRY STREET
City-St-Zip: FT MYERS, FL 33901

Title: MGR (X) Change ( ) Addition
Name: DIPLACIDO, FRANK P III
Address: 1639 HENDRY STREET
City-St-Zip: FT MYERS, FL 33901

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: FRANK P. DIPLACIDO, III MGR 04/11/2008

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