2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800002544 1. Entity Name DI-BO SERVICES, L.L.C.						
				FILED		
				00 APR 12 M 10: 14		
Principal Place of Business 7379 159TH COURT NORTH PALM BEACH GARDENS FL 33418 Mailing Address 7379 159TH COURT NORTH PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-7445				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business .						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State City & State		City & State	4. FEI Number 65-0874802 Applied For Not Applicable			
Zip	Country ,	Zip	Country		.00 Additional Required	
	6. Name and Address of Current F	legistered Agent	Nama	7. Name and Address of New Registered Age	nt	
WHEAT DIANNE K			Name			
			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	City - FL Zip Code		
		Make Check Payal	/!!! FEE IS \$50.00 ble to Department (of State		
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHEAT, ROBERT A 7379 159TH COURT NORTH PALM BEACH GARDENS FL 3341	. 🗀 Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Cuanta	
TITLE MAME STREET ADDRESS CITY-ST-ZEP	WHEAT, DIANNE K 7379 159TH COURT NORTH stre		TITLE NAME STREET ADDRESS GITY-ST-ZIP	Change Addition 5		
MAME STREET ADDRESS CITY-ST-ZIP	The second secon	and the second section of the sectio	NAME STREET ADDRESS CITY-ST-ZIP	*****50.00	を搭載なり。世はdatation	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE NAME STREET ADDRESS COTY-ST-ZUP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·	□ Deleta	TITLE NAME STREET ADDRESS CSTY-ST-ZIP		Change Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
indicatéd	ertify that the information supplied with to this report is true and accurate and to bility company or the receiver or trustee	hat my signature shall have the	same legal effect as if	ection 119.07(3)(i), Florida Statutes. I further certify made under oath; that I am a managing member or oter 608, Florida Statutes.	that the information manager of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Daytime Phone #