


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000704 1. Entity Name DINOPETE'S, L.L.C.	
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Principal Place of Business 4221 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021	Mailing Address 4221 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE



04192004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0892808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIONEGRO, DONATO
5050 SOUTHWEST 87TH AVENUE
COOPER CITY, FL 33328

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000134992
04/28/04-80040-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIONEGRO, DONATO 5050 SOUTHWEST 87TH AVENUE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIONEGRO, PETER 5050 SOUTHWEST 87TH AVENUE COOPER CITY, FL 33328
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: Donato N Pionegro 9/29/04 954-966-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #