


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90042 013 ****50.00

DOCUMENT # L99000002811 1. Entity Name DIMAGGIO, LLC						
Principal Place of Business 3230 STIRLING ROAD STE 1 HOLLYWOOD, FL 33021			Mailing Address 3230 STIRLING ROAD STE 1 HOLLYWOOD, FL 33021			
2. Principal Place of Business 4040 SHERIDAN STREET		3. Mailing Address 4040 SHERIDAN STREET				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State HOLLYWOOD, FL. 33021-3536			City & State HOLLYWOOD, FL. 33021-3536			
Zip 33021		Country		4. FEI Number 65-0936470		
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ENGELBERG, MORRIS ESQ 3230 STIRLING ROAD STE 1 HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) 4040 SHERIDAN STREET			
City HOLLYWOOD,			State FL			
Zip Code 33021-3536			City HOLLYWOOD,			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGELBERG, MORRIS 3220 STIRLING RD STE 1 HOLLYWOOD, FL 33021		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4040 SHERIDAN STREET HOLLYWOOD, FL. 33021-3536	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.						
SIGNATURE: MORRIS ENGELBERG			MANAGING MEMBER		01/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #	