


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 31, 2006 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # M03000000399 1. Entity Name DIBROKER, LLC |  |
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| Principal Place of Business 100 MIRACLE MILE, SUITE 250 CORAL GABLES, FL 33134 | Mailing Address 100 MIRACLE MILE, SUITE 250 CORAL GABLES, FL 33134 |
|--|--|



01192006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 81-0590468 | 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

ESKRA, PETER G
100 MIRACLE MILE, SUITE 250
CORAL GABLES, FL 33134

**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 _____ DATE _____

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ESKRA, PETER G 100 MIRACLE MILE, SUITE 250 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LENHOFF, DOUG L 16325 BOONES FERRY ROAD, SUITE 101 LAKE OSWEGO, OR 97035 |
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02/08/06-80092-021 150.00

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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:  x 1/26/06 x 305-448-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #