


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



02142007No Chg-LLC CR2E083 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000657247
03/14/07-80055-013 50.00

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  DATE: 2/28/07 DAYTIME PHONE #: 305-448-0100

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