


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000000399  
 1. Entry Name  
 DIBROKER, LLC



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**



02012008No Chg-LLC CR2E083 (12/07)

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 reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**


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	

000000826459  
 02/21/08-80050-009 138.75

**DO NOT WRITE IN THIS SPACE**

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: **X 2-6-08** DAYTIME PHONE #: **305-448-0100**

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