

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 90045 049 ****50.00

DOCUMENT # M03000003664					
1. Entity Name DINA ESCROW, LLC					
Principal Place of Business 310 GENIUS DRIVE WINTER PARK, FL 32789			Mailing Address 310 GENIUS DRIVE WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 43-2030865					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KHUDA, KHALED R 310 GENIUS DRIVE WINTER PARK, FL 32789					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE MGR	<input type="checkbox"/> Delete				
NAME KHUDA, KHALED R	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 310 GENIUS DRIVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP WINTER PARK, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE 	<input type="checkbox"/> Delete				
NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE 	<input type="checkbox"/> Delete				
NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE 	<input type="checkbox"/> Delete				
NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 exemption stated in Section 119.07(3)(i), 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					
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 4/20/04					
Daytime Phone #					