2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022028

Entity Name: DIVERSIFIED CONSULTANTS, LLC

FILED Jul 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5999 LAKE POINTE DR. #608

ORLANDO, FL 32822 US

MGR

Current Mailing Address: New Mailing Address:

PO BOX 592700 PO BOX 592700

ORLANDO, FL 328592700 ORLANDO, FL 328592700 US

FEI Number: 56-1964933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAZEMORE, EUGENE J SR.

5999 LAKE POINTE DR.

#608

ORLANDO, FL 32822 US

BAZEMORE, ROBYN M
5999 LAKE POINTE DR.
#608

ORLANDO, FL 32822 US

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.

SIGNATURE: ROBYN M BAZEMORE 07/13/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

() Delete Title: MGR (X) Change () Addition

Name: BAZEMORE, EUGENE J SR. Name: BAZEMORE, ROBYN M

 Address:
 5999 LAKE POINTE DR., #608
 Address:
 BOX 592700

 City-St-Zip:
 ORLANDO, FL 32822 US
 City-St-Zip:
 ORLANDO, FL 32859 US

Title: () Delete Title: MGR () Change (X) Addition

Name: BAZEMORE, EUGENE J SR

 Address:
 Address:
 BOX 592700

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32859

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBYN M BAZEMORE MGR 07/13/2004