

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039679

FILED  
Jul 08, 2005  
Secretary of State

**Entity Name:** FLORIDA DIVERSIFIED INVESTMENTS, LLC

**Current Principal Place of Business:**

3046 N.W. 99TH PLACE  
MIAMI, FL 33172

**New Principal Place of Business:**

9498 SW 221 LANE  
MIAMI, FL 33190

**Current Mailing Address:**

P.O. BOX 226126  
MIAMI, FL 331226126

**New Mailing Address:**

9498 SW 221 LANE  
MIAMI, FL 33190

**FEI Number:** 20-0319546      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PINO, ABEL  
3046 N.W. 99TH PLACE  
MIAMI, FL 33172      US

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

PINO, ABEL  
9498 SW 221 LANE  
MIAMI, FL 33190      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:

07/08/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PINO, ABEL  
Address: 3046 N.W. 99TH PLACE  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: PINO, ABEL  
Address: 9498 SW 221 LANE  
City-St-Zip: MIAMI, FL 33190

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: ABEL PINO

MR

07/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date