2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000033187

1. Entity Name
DIVERSIFIED REALTY LLC

Principal Place of Business	Mailing Address
11502 N 56TH STREET	11502 N 56TH STREET
TAMPA, FL 33617 US	TAMPA, FL 33617 US

DO NOT WRITE IN THIS SPACE

04062006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number | Applied For
57-1204309 | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

BARRON, JAMES
11502 N 56TH STREET
TAMPA, FL 33617

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARRON, JAMES
STREET ADDRESS	11502 N 56TH STREET
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	MGR
NAME	DYSLE, PAULA
STREET ADDRESS	3819 S 9 DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80063-003 50.00

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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: _____

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