


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-29-2005 90038 013 ****50.00

DOCUMENT # L04000035225

1. Entity Name
DIVERSIFIED PROPERTIES, LLC



Principal Place of Business 6630 W. GULF TO LAKE HWY CRYSTAL RIVER, FL 34428-7623	Mailing Address 6630 W. GULF TO LAKE HWY CRYSTAL RIVER, FL 34428-7623
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30006655



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1196719	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAGUFFEY, M/ANGELA /
6630 W. GULF TO LAKE HWY
CRYSTAL RIVER, FL 34428-7623

7. Name and Address of New Registered Agent

Name **M. ANGELA OLIVERIO**

Street Address (P.O. Box Number is Not Acceptable)

City **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 *M. Angela Oliverio* DATE 04/26/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGUFFEY/M. ANGELA / 6630 W. GULF TO LAKE HWY CRYSTAL RIVER, FL 344287623 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. ANGELA OLIVERIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *M. Angela Oliverio* DATE 04/26/05

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