

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90429 043 ****50.00

DOCUMENT # L04000059104					
1. Entity Name DIVENTI PLAZA, LLC					
Principal Place of Business 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 34233			Mailing Address 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 34233		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01072005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1510988				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCSWEENEY, ANINA C 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 34233			Name Jaime S. Carrion		
			Street Address (P.O. Box Number is Not Acceptable)		
			3665 Bee Ridge Rd. Suite 310		
			City Sarasota		FL Zip Code 34233
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			Jaime S. Carrion, President 3/4/05		
(NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carrion, Jaime S. 3665 Bee Ridge Rd. #310 Sarasota, FL 34233	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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			Jaime S. Carrion 3/4/05 (941) 923-4551		
(NOTE: Registered Agent signature required when reinstating)			DATE		