

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078257

FILED
Jul 01, 2005
Secretary of State

Entity Name: PTA DIVAS, LLC

Current Principal Place of Business:

200 PASADERA PLACE
ORLANDO, FL 32803

New Principal Place of Business:

200 PASADENA PLACE
ORLANDO, FL 32803

Current Mailing Address:

200 PASADERA PLACE
ORLANDO, FL 32803

New Mailing Address:

200 PASADENA PLACE
ORLANDO, FL 32803

FEI Number: 16-1709292 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:

BRANDON, PAMELA F
200 PASADERA PLACE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

BRANDON, PAMELA F
200 PASADENA PLACE
ORLANDO, FL 32803 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: _____

07/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BRANDON, PAMELA F
Address: 200 PASADENA PLACE
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Change (X) Addition
Name: HODGES, ANNE-MARIE
Address: 200 PASADENA PLACE
City-St-Zip: ORLANDO, FL 32803

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: PAM BRANDON

MGR

07/01/2005

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