

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087832

FILED
Apr 25, 2005
Secretary of State

Entity Name: DIVINE WRITE LLC

Current Principal Place of Business:

1160 N. E. 191 STREET
B35
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1160 N. E. 191 STREET
B35
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, BARBARA L
1160 N. E. 191 STREET
B35
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MILLER, BARBARA L
Address: 1160 N. E. 191 STREET B35
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGRM (X) Delete
Name: DRUMMOND, RENAUL B
Address: 1160 N. E. 191 STREET B35
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGRM (X) Delete
Name: DRUMMOND, REGINALD J
Address: 437 HIDDEN MEADOWS LOOP , APT. 209
City-St-Zip: FERN PARK, FL 32730 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA L. MILLER

MGR

04/25/2005

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