


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

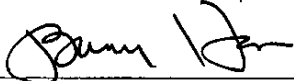
FILED
Feb 12, 2007 08:00 AM
Secretary of State

RECEIVED FEB - 5 2007



DOCUMENT # L05000005206					
1. Entity Name DIVERSIFIED INVESTMENTS-SUN VALLEY, LLC					
Principal Place of Business 3005 DOUGLAS BLVD SUITE 150 ROSEVILLE CA 95661		Mailing Address 3005 DOUGLAS BLVD SUITE 150 ROSEVILLE CA 95661			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2262487	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITMIRE, DRENNEN L JR, ESQ 249 ROYAL PALM WAY, SUITE 501 PALM BEACH FL 33480		7. Name and Address of New Registered Agent			
		Name			
		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAASE, BARRY L 7800 PERSIMMON TREE LANE, SUITE 100 BETHESDA MD 20817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000632317 02/21/07-80016-023 50.00	
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	
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 exemptions contained in Section 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: 

2-5-07