


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90058 039 ****50.00

DOCUMENT # L05000024203							
1. Entity Name DIVAS DIVERSE LLC							
Principal Place of Business 200 MISTY PINES CIRCLE, #B203 NAPLES, FL 34105			Mailing Address 200 MISTY PINES CIRCLE, #B203 NAPLES, FL 34105				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable		
				04102006 Chg-LLC	CR2E083 (11/05)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KINGSTON, JOHN 11903 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269			Name Madeline Biding				
			Street Address (P.O. Box Number is Not Acceptable) 12827 Yacht Club Circle				
			City Fort Myers			FL	Zip Code 33919
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 <i>Madeline Biding</i>			DATE 4/22/06				
<small>Signature, typed or printed name of registered agent and date if applicable</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLIFLET, RENAE D 200 MISTY PINES CIRCLE, #B203 NAPLES, FL 34105	<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	MGRM ESTEP, MARY LYNN 200 MISTY PINES CIRCLE, #B203 NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Renae D. Fliflet</i>			DATE: 4/22/06 239-CA9-5960				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Telephone #</small>				