## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025282

Entity Name: C.F. DIVERSIFIED INVESTMENTS, L.L.C.

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

917 E. SHADOWLAWN AVE. APARTMENT 1 TAMPA, FL 33603

Current Mailing Address: New Mailing Address:

917 E. SHADOWLAWN AVE. APARTMENT 1 TAMPA, FL 33603

FEI Number: 75-3188237 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOSTER, CORNELL 917 E. SHADOWLAWN AVE. APARTMENT 1 TAMPA, FL 33603 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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

Liectionic Oignature of Negistered Agent

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MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: FOSTER, CORNELL Name: FOSTER, CORNELL

Address: 917 E. SHADOWLAWN AVE. Address: 917 E. SHADOWLAWN AVE., APT 1

City-St-Zip: TAMPA, FL 33603 City-St-Zip: TAMPA, FL 33603

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name: PAHLMAN, TRACY Name: FOSTER, TRACY

Address: 1408 PLANTATION CIR. APT. 1107 Address: 917 E SHADOWLAWN AVENUE., APT 1

City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CORNELL FOSTER MGRM 04/06/2006