

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025282

FILED  
Jul 09, 2008  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

3202 COLWELL AVE  
APARTMENT 2604  
TAMPA, FL 33614

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

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

## Name and Address of New Registered Agent:

FOSTER, CORNELL  
3202 COLWELL AVE  
APARTMENT 2604  
TAMPA, FL 33614 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:

07/09/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FOSTER, CORNELL  
Address: 917 E. SHADOWLAWN AVE., APT 1  
City-St-Zip: TAMPA, FL 33603

Title: MGR ( ) Delete  
Name: FOSTER, TRACY  
Address: 917 E SHADOWLAWN AVENUE., APT 1  
City-St-Zip: TAMPA, FL 33603

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FOSTER, CORNELL  
Address: 3202 COLWELL AVE. APT. 2604  
City-St-Zip: TAMPA, FL 33614

Title: MGR (X) Change ( ) Addition  
Name: FOSTER, TRACY  
Address: 3202 COLWELL AVE. APT. 2604  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify 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

07/09/2008

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