

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025282

FILED  
Apr 20, 2009  
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:

3202 COLWELL AVE  
APARTMENT 2604  
TAMPA, FL 33614

## 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:

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

## 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:

04/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: FOSTER, TRACY  
Address: 917 E. SHADOWLAWN AVE., APT. 1  
City-St-Zip: TAMPA, FL 33603

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: TRACY FOSTER

MGR

04/20/2009

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