

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90035 015 ****50.00

DOCUMENT # L05000048533					
1. Entity Name DIVINUS, LLC					
Principal Place of Business 1626 SE 29TH TERRACE OCALA, FL 34471			Mailing Address 1626 SE 29TH TERRACE OCALA, FL 34471		
2. Principal Place of Business 5015 SE 7th Avenue Suite, Apt. #, etc.		3. Mailing Address 5015 SE 7th Avenue Suite, Apt. #, etc.			
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 57-1220746	
Zip 34480		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRASHAD, SEEMA 1626 SE 29TH TERRACE OCALA, FL 34471				7. Name and Address of New Registered Agent Name: Prashad, Seema Street Address (P.O. Box Number is Not Acceptable): 5015 SE 7th Avenue City: Ocala FL Zip Code: 34480	
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: <u>Prashad SEEMA PRASHAD</u> DATE: <u>1/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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	MGRM PRASHAD, SEEMA 1626 SE 29TH TERRACE OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Prashad, Seema 5015 SE 7th Avenue Ocala, FL 34480
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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. SEEMA SIGNATURE: <u>Prashad PRASHAD</u> DATE: <u>1/11/06</u> (352)572-0463 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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