

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049031

FILED
Feb 12, 2009
Secretary of State

Entity Name: DIVERSIFIED REAL ESTATE VENTURES LLC

Current Principal Place of Business:

4405 WHISTLEWOOD CIRCLE
LAKELAND, FL 33811

New Principal Place of Business:

6025 RIDGE DR
LAKELAND, FL 33813

Current Mailing Address:

3616 HARDEN BLVD #208
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 20-2855718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALARZA, SARAH D
4405 WHISTLEWOOD CIRCLE
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

GALARZA, SARAH D
6025 RIDGE DR
LAKELAND, FL 33813 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: SARAH GALARZA

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GALARZA, SARAH D
Address: 4405 WHISTLEWOOD CIRCLE
City-St-Zip: LAKELAND, FL 33811 US

Title: MGR () Delete
Name: GALARZA, STEPHEN S
Address: 4405 WHISTLEWOOD CIRCLE
City-St-Zip: LAKELAND, FL 33811 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GALARZA, SARAH D
Address: 6025 RIDGE DR
City-St-Zip: LAKELAND, FL 33813 US

Title: MGR (X) Change () Addition
Name: GALARZA, STEPHEN S
Address: 6025 RIDGE DR
City-St-Zip: LAKELAND, FL 33813 US

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: SARAH GALARZA

MGR

02/12/2009

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