

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082161

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

12795-49TH STREET NORTH
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

12795-49TH STREET NORTH
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-3429157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MCGINLEY, KEVIN P
12795 49TH ST. N.
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POZIN, MITCHELL
Address: 12795-49TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33762

Title: MGRM () Delete
Name: MCGINLEY, KEVIN
Address: 12795-49TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33762

Title: MGRM () Delete
Name: BREWER, JOEL
Address: 120 BALTIC CIRCLE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEVIN P MCGINLEY

MGRM

05/01/2009

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