


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90021 016 \*\*\*\*50.00

<b>DOCUMENT # L05000096473</b>	
1. Entity Name <b>DIVERSIFIED ENTERPRISES, LLC</b>	

Principal Place of Business <b>11570 TYNDEL CREEK LANE JACKSONVILLE FL 32223</b>	Mailing Address <b>11570 TYNDEL CREEK LANE JACKSONVILLE FL 32223</b>
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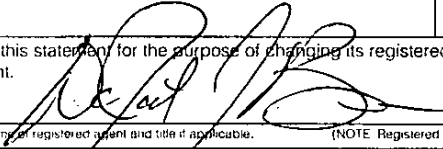
2. Principal Place of Business <b>23395 N.W. BLACK BOTTOM RD</b>	3. Mailing Address <b>23395 N.W. BLACK BOTTOM RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State <b>ALTHA FL</b>	City & State <b>ALTHA FL</b>
Zip <b>32421</b>	Zip <b>32421</b>
Country <b>U.S.</b>	Country <b>U.S.</b>

4. FEI Number <b>20-3588581</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

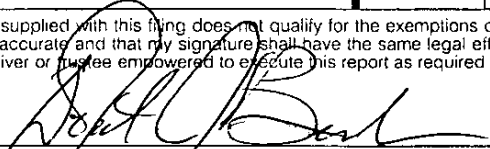
6. Name and Address of Current Registered Agent <b>BURDEN, DEFOREST J 11570 TYNDEL CREEK LANE JACKSONVILLE FL 32223</b>	7. Name and Address of New Registered Agent Name <b>BURDEN, DEFOREST J</b> Street Address (P.O. Box Number is Not Acceptable) <b>23395 N.W. BLACK BOTTOM RD</b> City <b>ALTHA</b> FL <b>32421</b>
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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 	DATE <b>4-17-06</b>

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURDEN, DEFOREST J 11570 TYNDEL CREEK LANE JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURDEN, DEFOREST J 23395 N.W. BLACK BOTTOM RD ALTHA FL 32421 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURDEN, AMY L 11570 TYNDEL CREEK LANE JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURDEN, AMY L 23395 N.W. BLACK BOTTOM RD ALTHA FL 32421 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	Date <b>4-17-06</b>	Daytime Phone # <b>850-762-2862</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		