2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099949

Name: Address:

City-St-Zip:

P.O. BOX 5765

TALLAHASSEE, FL 32314

Entity Name: DIVERSIFIED SERVICES AND MANAGEMENT, LLC

FILED Aug 08, 2006 Secretary of State

urrent Principal Place of Business: New Principal Place of Business:		Business:
8056 TENNYSON DR. TALLAHASSEE, FL 32309		
Current Mailing Address:	New Mailing Address:	
P.O. BOX 5765 TALLAHASSEE, FL 32314		
	ted liability company did not receive the prior notice.	Certificate of Status Desired ()
Name and Address of Current Registere	d Agent: Name and Address of N	iew Registered Agent:
JAMES, RAYMOND 8056 TENNYSON DR. TALLAHASSEE, FL 32309 US		
The above named entity submits this stater in the State of Florida.	ment for the purpose of changing its registered o	office or registered agent, or both
SIGNATURE:		
Electronic Signature of Re	egistered Agent	Date
MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:		
Title: MGRM () Delete Name: JAMES, RAYMOND	Title: () Name:) Change ()Addition

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMOND JAMES MGRM 08/08/2006