

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031248

FILED
Apr 10, 2007
Secretary of State

Entity Name: DIVINE INVESTMENTS OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

2448 TIMBERCREEK LOOP W
LAKELAND, FL 33805

New Principal Place of Business:

982 ODoniel Drive
Lakeland, FL 33809

Current Mailing Address:

2448 TIMBERCREEK LOOP W
LAKELAND, FL 33805

New Mailing Address:

982 ODoniel Drive
Lakeland, FL 33809

FEI Number: 20-4567841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, CAMERON
2448 TIMBERCREEK LOOP W
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

WOODS, CAMERON
982 ODoniel Drive
Lakeland, FL 33809 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:

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOODS, CAMERON
Address: 2448 TIMBERCREEK LOOP W
City-St-Zip: LAKELAND, FL 33805

Title: MGRM () Delete
Name: WOODS, MELISSA L
Address: 2448 TIMBERCREEK LOOP W
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOODS, CAMERON
Address: 982 ODoniel Drive
City-St-Zip: LAKELAND, FL 33809

Title: MGRM (X) Change () Addition
Name: WOODS, MELISSA L
Address: 982 ODoniel Drive
City-St-Zip: LAKELAND, FL 33809

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: CAMERON T WOODS

MGRM

04/10/2007

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