


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90049 021 \*\*\*\*50.00

<b>DOCUMENT # L06000052656</b> 1. Entity Name <b>DIVERSIFIED CONSULTING GROUP L.L.C.</b>					
Principal Place of Business <b>3650 STEWART AVE MIAMI, FL 33133</b>			Mailing Address <b>PO BOX 332114 MIAMI, FL 33233</b>		
2. Principal Place of Business - No P.O. Box # <b>17 SUNSET COVE</b>		3. Mailing Address <b>P.O. Box 1463</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Flagler Beach FL</b>		City & State <b>Flagler Beach FL</b>		4. FEI Number <b>208073209</b>	
Zip <b>32136</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENDER, JAMES W 3650 STEWART AVE MIAMI, FL 33133</b>		7. Name and Address of New Registered Agent Name <b>Bender, James W</b> Street Address (P.O. Box Number is Not Acceptable) <b>17 SUNSET COVE</b> City <b>Flagler Beach FL</b> Zip Code <b>32136</b>			
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 <u><i>James W Bender</i></u> DATE <u>1/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENDER, PAULA S 3650 STEWART AVE MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRISTIN A. BENDER 17 SUNSET COVE FLAGLER BEACH, FL 32136
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: <u><i>Kristin A Bender</i></u> DATE <u>1/22/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					