

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90211 017 ****50.00

DOCUMENT # L06000053585

1. Entity Name
DIVERSIFIED PROPERTY HOLDINGS, LLC



Principal Place of Business
**146 SECOND STREET NORTH, SUITE 300
ST. PETERSBURG, FL 33701**

Mailing Address
**146 SECOND STREET NORTH, SUITE 300
ST. PETERSBURG, FL 33701**

20000000

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4941265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUNT, CLIFFORD J
C/O KIEFNER & HUNT, P.A.
146 SECOND STREET NORTH, SUITE 300
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name **John B. Kiefner Jr, Esq**
Street Address (P.O. Box Number is Not Acceptable)
do Kiefner Law Offices, P.A.
146-Second Street North, Suite 300
City **St. Petersburg** FL **33701**

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

John B. Kiefner Jr

John B. Kiefner Jr

DATE

1/4/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Managing Member
Ronald D. Gardner MD
1305-Twin Palm Dr
Ft. Myers FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/4/07 727-894-8000