

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000102949

**FILED**  
**May 01, 2007**  
**Secretary of State**

**Entity Name:** DIVERSIFIED INVESTIGATORS, LLC

**Current Principal Place of Business:**

374 S. ATLANTIC AVE.  
ORMOND BEACH, FL 327164153

**New Principal Place of Business:**

1501 N. RIDGEWOOD AVE.  
SUITE 201-B  
HOLLY HILLS, FL 32117

**Current Mailing Address:**

C/O EUGENE SMILEY  
P.O. BOX 10582  
DAYTONA BEACH, FL 32120

**New Mailing Address:**

C/O CARLA TURNER-HAHN  
P.O. BOX 41735  
ST. PETERSBURG, FL 33743

**FEI Number:** 20-5888092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TURNER-HAHN, CARLA ESQ.  
4701 CENTRAL AVENUE, SUITE A  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMILEY, EUGENE  
Address: P.O. BOX 10582  
City-St-Zip: DAYTONA BEACH, FL 33220

Title: MGRM ( ) Delete  
Name: TURNER-HAHN, CARLA ESQ.  
Address: 4701 CENTRAL AVE., SUITE A  
City-St-Zip: ST. PETERSBURG, FL 33713

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMILEY, EUGENE  
Address: 1501 N. RIDGEWOOD AVE. STE 201-B  
City-St-Zip: HOLLY HILLS, FL 32117

Title: MGRM (X) Change ( ) Addition  
Name: TURNER-HAHN, CARLA ESQ.  
Address: PO BOX 41735  
City-St-Zip: ST. PETERSBURG, FL 33743

I hereby certify that the information supplied with this filing does not qualify 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: CARLA TURNER-HAHN

MGRM

05/01/2007

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