05-08-2008 90102 031 ***138.75
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/8

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000047665

1. Entity Name
DIVENTI CATTLEMAN, LLC

Principal Place of Business	Mailing Address
3665 BEE RIDGE ROAD, STE 310 SARASOTA FL 34233	3665 BEE RIDGE ROAD, STE 310 SARASOTA FL 34233
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

02212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0141228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TURNER, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	Name: Jaime S. Carrion Street Address (P.O. Box Number is Not Acceptable): 3665 Bee Ridge Rd., Suite 310 City: Sarasota FL Zip Code 34233

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 ______ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE M NAME / STREET ADDRESS / CITY-ST-ZIP	DIVENTI ASSOCIATES, LLLP 3665 BEE RIDGE ROAD SUITE 310 SARASOTA, FL 34233 A05000000769 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / 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 ______ AUTHORIZED REP
(Signature and typed or printed name of signing managing member, manager, or authorized representative) Date Daytime Phone #

941-923-4451