

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102699

FILED
May 01, 2008
Secretary of State

Entity Name: DIVERSIFIED HOLDING PARTNERS, LLC

Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 601
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 601
ORLANDO, FL 32809

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PERLA, HENRY L
23 E. LIVINGSTON STREET
ORLANDO, FL, FL 32801 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: MGR () Delete
Name: MARRERO, FRANK
Address: 6220 S. ORANGE BLOSSOM TRAIL, STE 601
City-St-Zip: ORLANDO, FL 32809

Title: MGR () Delete
Name: ROBINSON, VINCENT
Address: 6220 S. ORANGE BLOSSOM TRAIL, STE 601
City-St-Zip: ORLANDO, FL 32809

Title: MGR () Delete
Name: MINIER, MANUEL
Address: 6220 S. ORANGE BLOSSOM TRAIL, STE 601
City-St-Zip: ORLANDO, FL 32809

Title: MGR () Delete
Name: DIAZ, JIMMIY
Address: 6220 S. ORANGE BLOSSOM TRAIL, STE 601
City-St-Zip: ORLANDO, FL 32809

Title: MGR () Delete
Name: SANTOS, CEASAR
Address: 6220 S. ORANGE BLOSSOM TRAIL, STE 601
City-St-Zip: ORLANDO, FL 32809

Title: MGR () Delete
Name: NOVOA, ANTONIO
Address: 6220 S. ORANGE BLOSSOM TRAIL, STE 601
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VINCENT M. ROBINSON

MRG

05/01/2008

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