2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L08000070490

Entity Name: CBT DIVERSIFIED LLC

Current Principal Place of Business:

712 HIGHWAY 20
HOLLISTER, FL 32147 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9
HOLLISTER, FL 32147 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, CLAUDIA B
652 CEDAR CREEK ROAD
PALATKA, FL 32177 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:	THOMPSON, CLAUDIA B	
Address:	652 CEDAR CREEK ROAD	
City-St-Zip:	PALATKA, FL 32177 US	
Title:	MGRM	( ) Delete
Name:	THOMPSON, JOHN DAVID	
Address:	P.O. BOX 9	
City-St-Zip:	HOLLISTER, FL 32147 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
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: CLAUDIA B THOMPSON MGRM 03/25/2009

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