

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90122 031 ***138.75

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DOCUMENT # M06000001579 1. Entity Name SUNBELT DIVERSIFIED ENTERPRISES, LLC					
Principal Place of Business 2525 PONCE DE LEON BLVD CORAL GABELS, FL 33134			Mailing Address 2525 PONCE DE LEON BLVD CORAL GABELS, FL 33134		
2. Principal Place of Business - No P.O. Box # 2525 Ponce de Leon Blvd Suite, Apt. #, etc. 1080		3. Mailing Address 2525 Ponce de Leon Blvd Suite, Apt. #, etc. 1080			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 20-4411912	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLS, ANNE 1221 BRICKELL AVE., STE 2660 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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	MGRM SUNBELT CAPITAL PARTNERS LLC 1221 BRICKELL AVE., STE 2660 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TOLZIEN, JAMES 2525 PONCE DE LEON BLVD CORAL GABELS, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRAKA, PETER 2525 PONCE DE LEON BLVD CORAL GABELS, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO AUGUSTIN, RONALD 2525 PONCE DE LEON BLVD CORAL GABELS, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Ronald C. Augustin</u> CFO Date: <u>1/17/08</u> (786) 363-3081					