
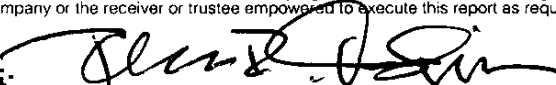


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # M06000001579					
1. Entity Name SUNBELT DIVERSIFIED ENTERPRISES, LLC					
Principal Place of Business 2525 PONCE DE LEON BLVD #1080 CORAL GABELS, FL 33134			Mailing Address 2525 PONCE DE LEON BLVD #1080 CORAL GABELS, FL 33134		
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		
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 _____					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME SUNBELT CAPITAL PARTNERS LLC STREET ADDRESS 1221 BRICKELL AVE., STE 2660 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; text-align: center;"> 300136163363 09/19/08--01053--002 **50.00 </div>	
TITLE CEO NAME TOLZIEN, JAMES STREET ADDRESS 2525 PONCE DE LEON BLVD #1080 CITY-ST-ZIP CORAL GABELS, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PATRAKA, PETER STREET ADDRESS 2525 PONCE DE LEON BLVD #1080 CITY-ST-ZIP CORAL GABELS, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CFO NAME AUGUSTIN, RONALD STREET ADDRESS 2525 PONCE DE LEON BLVD #1080 CITY-ST-ZIP CORAL GABELS, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE CFO NAME SCOTT PETERSON STREET ADDRESS 2525 PONCE DE LEON BLVD, #1080 CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 			James Tolzien 9/9/08 (786) 662-3113		
SIGNATURE AND EXACT OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

FILED

2008 SEP 17 P 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09082008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4411912** Applied For ☐ Not Applicable ☐

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