


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2004 DEC 20 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000015623	
1. Entity Name IVE HOLDINGS III, LLC	

Principal Place of Business 4340 EAST WEST HIGHWAY, STE. 206 BETHESDA, MD 20814	Mailing Address 4340 EAST WEST HIGHWAY, STE. 206 BETHESDA, MD 20814
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2. Principal Place of Business 7800 Persimmon Tree Lane Suite, Apt. #, etc. Suite 100 City & State Bethesda, MD Zip 20817	3. Mailing Address 7800 Persimmon Tree Lane Suite, Apt. #, etc. Suite 100 City & State Bethesda, MD Zip 20817
Country USA	Country USA

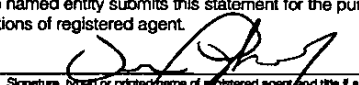


12092004 REIN-LLC CR2E101 (6/04)

4. FEI Number 04-3694021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DIVERSIFIED INVESTMENTS SERVICES, LLC 701 NORTH HERCULES AVE. CLEARWATER, FL 33765	7. Name and Address of New Registered Agent Name Drennen L. Whitmire, Jr. Street Address (P.O. Box Number is Not Acceptable) 249 Royal Palm Way, Suite 501 City Palm Beach FL Zip Code 33480
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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  **Drennen L. Whitmire, Jr.** **12/13/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE C	<input checked="" type="checkbox"/> Delete	TITLE Diversified Investments-IVE LLC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAASE, BARRY		NAME 7800 Persimmon Tree Lane, Suite 100	
STREET ADDRESS BETHESDA, MD 20814		STREET ADDRESS Bethesda, MD 20817	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DP	<input checked="" type="checkbox"/> Delete	TITLE 000043535555	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOREAU, PHILIP		NAME 12/20/04--01064--025	
STREET ADDRESS 4340 EAST WEST HWY, STE 206		STREET ADDRESS ##4326.25	
CITY-ST-ZIP BETHESDA, MD 20814		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 H. Schnare II** **12/13/04** **561-627-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #