2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90036 040 ****50.00

DOCUMENT # L00000002086

1. Entity Name
DIVER DOWN, LLC.

44040261

03152004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
626 137TH ST NE BRADENTON, FL 34212	626 137TH ST NE BRADENTON, FL 34212

2. Principal Place of Business	3. Mailing Address
9129 16TH AVE. CIR. N.W.	9129 16TH AVE. CIR. N.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FL	City & State: BRADENTON, FL
Zip: 34209 Country: USA	Zip: 34209 Country: USA

4. FEI Number 65-0991848 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGREGOR, JOHN BARTON 626 137TH ST NE BRADENTON, FL 34212	Name: TIMOTHY P. LEHMAN Street Address (P.O. Box Number is Not Acceptable): 9129 16TH AVE. CIR. N.W. City: BRADENTON FL Zip Code: 34209

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 [signature] TIMOTHY P. LEHMAN, MANAGING MEMBER 3/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGREGOR, JOHN BARTON 137TH ST NE BRADENTON, FL 34212	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER TIMOTHY P. LEHMAN 9129 16TH AVE. CIR. N.W. BRADENTON, FL 34209	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OGLES, MARK R 504 137TH ST E. BRADENTON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] TIMOTHY P. LEHMAN 3/14/04 941-737-7448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #