

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014836

1. Entity Name

DIVERSIFIED INVESTMENTS-COACHWOOD COLONY MHP, LL  
C

Principal Place of Business

4340 EAST WEST HWY  
SUITE 206  
BETHESDA MD 20814

Mailing Address

4340 EAST WEST HWY  
SUITE 206  
BETHESDA MD 20814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2277346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIVERSIFIED INVESTMENTS SERVICES, LLC  
28488 U.S. HIGHWAY 19 NORTH, SPACE 12  
CLEARWATER FL 33761

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAASE, BARRY L 4340 EAST WEST HWY BETHESDA MD 20814 <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
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/ MANAGER, OR AUTHORIZED REPRESENTATIVE

Gaule Benson 4/30/02 (916) 782-2224

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90209 002 \*\*\*\*50.00

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DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)