

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90060 004 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L01000022230 1. Entity Name DIVERSIFIED ASSOCIATES, LLC			
Principal Place of Business 2111 NORTH GOLFVIEW DRIVE PLANT CITY, FL 33566 US		Mailing Address 2111 N. GOLFVIEW DRIVE PLANT CITY, FL 33566	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 100 E Grand Ave Suite, Apt. #, etc.	
City & State Zip Country		City & State Beloit, WI Zip Country 53511 U.S.A.	
4. FEI Number 03-0373923		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLOSSHEY, JENNIFER E 2111 NORTH GOLFVIEW DRIVE PLANT CITY, FL 33566		7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301	
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 <i>Kim Leonard</i> Kim LEONARD Date 4/14/04 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when relinquishing)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
8. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOSSHEY, JENNIFER E 2111 NORTH GOLFVIEW DRIVE PLANT CITY, FL 33566 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, KEVIN 6133 N RIVER RD STE 670 ROSEMONT, IL 60018 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOSSHEY, CHARLES P 2111 NORTH GOLFVIEW DRIVE PLANT CITY, FL 33566 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD EARLEY, MARK 100 E GRAND AVE BELOIT, WI 53511 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOSSHEY, CHARLEENE N 2111 NORTH GOLFVIEW DRIVE PLANT CITY, FL 33566 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPO O'NEILL, MICHAEL 6133 N RIVER RD ROSEMONT, IL 60018 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COOLE, WILLIAM 100 E GRAND AVE BELOIT, WI 53511 ☐ 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: <i>Mark Earley</i> MARK EARLEY Date 4/26/04 Daytime Phone # 608.361.7053 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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