

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022230

FILED
Apr 16, 2008
Secretary of State

Entity Name: DIVERSIFIED ASSOCIATES, LLC

Current Principal Place of Business:

2111 NORTH GOLFVIEW DRIVE
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

ONE MILLINGTON ROAD
BELOIT, WI 53511

New Mailing Address:

FEI Number: 03-0373923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: LANE, KEVIN
Address: 730 FLOYD ST
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: VCP () Delete
Name: O'NEILL, MICHAEL
Address: 105 KENSINGTON DRIVE
City-St-Zip: FORT LEE, NJ 07024 US

Title: VPS () Delete
Name: COOLE, WILLIAM
Address: ONE MILLINGTON ROAD
City-St-Zip: BELOIT, WI 53511

ADDITIONS/CHANGES:

Title: PCEO (X) Change () Addition
Name: BEHAN, GERARD A
Address: ONE MILLINGTON ROAD
City-St-Zip: BELOIT, WI 53511

Title: VCFO (X) Change () Addition
Name: GRANSEE, MICHAEL
Address: ONE MILLINGTON ROAD
City-St-Zip: BELOIT, WI 53511 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM R COOLE

VPS

04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date