2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015618

1. Entity Name
DIVERSIFIED REAL PROPERTY SERVICES, LLC

Principal Place of Business	Mailing Address
405 N. OCEAN BLVD. #507 POMPANO BEACH, FL 33062	405 N. OCEAN BLVD. #507 POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

03232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
36-4500196

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PARADY, JEFF
405 N. OCEAN BLVD.
#507
POMPANO BEACH, FL 33062

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000125132
04/22/04-80073-007 50.00

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PARADY, JEFF
STREET ADDRESS	405 N. OCEAN BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	NICKOLOPOULOS, CHRIS
STREET ADDRESS	405 N. OCEAN BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/04-80073-008 5.00

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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: _____ 4-7-04 954-274-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #