

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

4/7/

04-07-2003 90613 003 *****50.00

DOCUMENT # L02000015634

1. Entity Name

NE HOLDINGS II, LLC



Principal Place of Business

**4340 EAST WEST HIGHWAY, STE. 206
BETHESDA MD 20814**

Mailing Address

**4340 EAST WEST HIGHWAY, STE. 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

04-3694011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIVERSIFIED INVESTMENTS SERVICES, LLC
28488 US HIGHWAY 19 NORTH, SPACE #12
CLEARWATER FL 33761**

Name

Street Address (P.O. Box Number is Not Acceptable)

1011 North Hercules Avenue

City

Clearwater

FL

33765

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, 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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **C** ☐ Delete
NAME **Haase, Barny**
STREET ADDRESS **4340 East West Highway Ste 206**
CITY-ST-ZIP **Bethesda MD 20814**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **Moreau, Philip**
STREET ADDRESS **4340 East West Highway Ste 206**
CITY-ST-ZIP **Bethesda MD 20814**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)