2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# L03000010961

Entity Name: DIVERSE BUSINESS INVESTMENTS LLC

Current Principal Place of Business:

1155 BRICKELL BAY DRIVE, APT. 2905
MIAMI, FL 33131

New Principal Place of Business:

1155 BRICKELL BAY DRIVE
APT. 2905
MIAMI, FL 33131

Current Mailing Address:

1155 BRICKELL BAY DRIVE, APT. 2905
MIAMI, FL 33131

New Mailing Address:

1155 BRICKELL BAY DRIVE
APT. 2905
MIAMI, FL 33131

FEI Number: 59-3770148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 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/MEMBERS:

Title: MGRM ( ) Delete
Name: NG, ROGELIO O
Address: 1155 BRICKELL BAY DRIVE, APT. 2905
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete
Name: ACHON, MARIA V
Address: 1155 BRICKELL BAY DRIVE, APT. 2905
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ACHON, ROGELIO O
Address: 1155 BRICKELL BAY DRIVE, APT. 2905
City-St-Zip: MIAMI, FL 33131

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROGELIO ACHON MGRM 01/06/2004

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