

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000015569

1. Entity Name  
DIHV BROOK GARDENS, 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

7800 Persimmon Tree Lane  
Suite, Apt. #, etc.  
Suite 100

3. Mailing Address

7800 Persimmon Tree Lane  
Suite, Apt. #, etc.  
Suite 100

10212004 REIN-LLC CR2E101 (6/04)

City & State  
Bethesda, MD

City & State  
Bethesda, MD

4. FEI Number  
59-3772424

Applied For  
Not Applicable

Zip  
20817

Country  
USA

Zip  
20817

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIVERSIFIED INVESTMENTS SERVICES, LLC  
701 N. HERCULES, STE. F  
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name  
Drennen L. Whitmire, Jr.

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

249 Royal Palm Way, Suite 501

City  
Palm Beach, FL Zip Code  
33480

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.

Drennen L. Whitmire, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/13/04

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
DIVERSIFIED INVESTMENTS-BG, LLC  
7800 Persimmon Tree Lane, Suite 100  
Bethesda, MD 20817

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

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

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:

*James H. Schnare II*

James H. Schnare II

12/13/04

561-627-8100

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

Date

Daytime Phone #

FILED

2004 DEC 20 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 04