
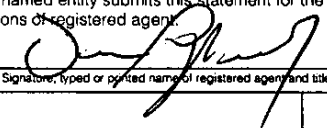



2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 20 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000015570 1. Entity Name BROOK GARDENS MHP, 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 City & State Bethesda, MD Zip 20817		3. Mailing Address 7800 Persimmon Tree Lane Suite, Apt. #, etc. Suite 100 City & State Bethesda, MD Zip 20817																	
Country USA		Country USA																	
4. FEI Number 59-3772416		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$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  Drennen L. Whitmire, Jr. 12/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																			
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MGR</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Diversified Investments-BG, LLC</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>7800 Persimmon Tree Lane, Suite 100 Bethesda, MD 20817</td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	MGR	STREET ADDRESS	Diversified Investments-BG, LLC	CITY - ST - ZIP	7800 Persimmon Tree Lane, Suite 100 Bethesda, MD 20817
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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)(l), 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		12/13/04 561-627-8100 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																	

REINSTATEMENT