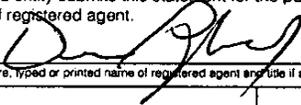
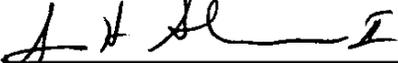


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 20 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000023017					
1. Entity Name SCENIC MHP, LLC					
Principal Place of Business 4340 EAST WEST HIGHWAY, SUITE 206 BETHESDA, MD 20814			Mailing Address 4340 EAST WEST HIGHWAY, SUITE 206 BETHESDA, MD 20814		
2. Principal Place of Business 7800 Persimmon Tree Lane		3. Mailing Address 7800 Persimmon Tree Lane			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State Bethesda, MD		City & State Bethesda, MD			
Zip 20817		Country USA		Zip 20817	
		Country USA		4. FEI Number 45-0517783	
Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIVERSIFIED INVESTMENTS SERVICES, LLC 701 NORTH HERCULES, SUITE F CLEARWATER, FL 33765			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	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIVERSIFIED INVESTMENTS - SCENIC, LLC <input type="checkbox"/> Delete 4340 EAST WEST HIGHWAY, SUITE 206 BETHESDA, MD 20814		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Diversified Investments-Scenic, LLC 7800 Persimmon Tree Lane, Suite 100 Bethesda, MD 20817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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		12/13/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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