
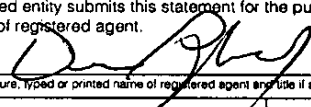



# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

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 Suite, Apt. #, etc. Suite 100		3. Mailing Address 7800 Persimmon Tree Lane Suite, Apt. #, etc. Suite 100	
City & State Bethesda, MD		City & State Bethesda, MD	
Zip 20817	Country USA	Zip 20817	Country USA
6. Name and Address of Current Registered Agent DIVERSIFIED INVESTMENTS SERVICES, LLC 701 NORTH HERCULES, SUITE 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	
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIVERSIFIED INVESTMENTS - SCENIC, LLC 4340 EAST WEST HIGHWAY, SUITE 206 BETHESDA, MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Diversified Investments-Scenic, LLC 7800 Persimmon Tree Lane, Suite 100 Bethesda, MD 20817 <input checked="" 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
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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 12/13/04 561-627-8100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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