2005-LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIT

STREET ADDRESS CITY-ST-ZIP	DOCUMENT # L03000029191 1. Entity Name DIVERSIFIED INVESTMENTS - CLERBROOK, LLC						DIVISION OF OF SEP 26	ILEU RY OF ST CORPOR	ATE ITIONS	
7800 PERSIMANON TREE LANE SUITE 100 BETHESDA MD 20817 2. PINICIPAL Place of Business Suite, April V. 602. S	TO WITH							## :	3	
BETHESDA MD 20817 2. Principal Place of Business Suite, Apt. 4. etc. City & State 1. Name and Address of Current Registered Agent T. Name and Address of Now Registered Agent DIVERSIFIED INVESTMENTS SERVICES, LLC 701 N. HERCULES, SUITE F CLEARWATER FL 33765 City Street Address (P.O. Dox Number is Not Accordable) City FL Zip Codes 8. The above named entity submits it its statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorica. I sun tamiliar with, and accept the address of the control	Principal Place of Business Mailing Address							•	U	
2. Piliceal Place of Eurores Sulte, Apt. # etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & S						Re				
City & State Country A FEI Number 73-1675320 Note Applicable State Desired States Desired States Desired Note Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Note City & States Desired States Desired States Desired Note Registered Agent Note City & States Address (P.O. Dox Number is Not Accupitable) City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered critic or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Tensor Agent Country Make Check Payable to Florida States named agent and approach agent agent and approach agent age			3. Mailing Address			עא	7.11		- III N 1949 1944 194	
Zo Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required \$5.00 Additional Fee Required								CR2E083	·	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIVERSIFIED INVESTMENTS SERVICES, LLC 701 N. HERCULES, SUITE F CLEARWATER FL 33765 City City FL Zip Code FL Z	·	<u></u>				4. FEI N	73-167532		No	t Applicable
Name DIVERSIFIED INVESTMENTS SERVICES, LLC 701 N. HERCULES, SUITE F CLEARWATER FL 33765 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fortida. I am familiar with), and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with), and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with), and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with), and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with), and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with), and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with), and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with), and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with), and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with), and accept the obligations of registered agent, or both, in the State of Fortida. I am familiar with), and accept the obligation of Fortida State of Fortida. I am familiar with), and accept the obligation of Fortida State of Fortida. I am familiar with, and accept the obligation of Fortida State of Fortida. I am familiar with, and accept the obligation of Fortida State of Fortida. I am familiar with, and accept the obligation of Fortida State of Fortida. I am familiar with, and accept the obligation of Fortida State of Forti	∠ıp	Country	Zip	Count		5. Certificate of Status Desired				
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the state of Forida agent, or both, in the State of Forida. I am familiar with, and accept the state of Forida agent, or both, in the State of Forida. I am familiar with, and accept the state of Forida agent, or both, in the State of Forida. I am familiar with, and accept the State of Forida. I am familiar with, and accept the State of Forida. I am familiar with, and accept the State of Forida. I am familiar with, and accept the State of Forida. I am familiar with, and accept the State of Forida. I am familiar with, and accept the State of Forida. I am familiar with, and accept the State of Forida. I am familiar with, and accept the State of Forida. I am familiar with, and accept the State of Forida accept the State of Forida. I am familiar with, and accept the State of Forida. I am familiar with, and accept the State of Forida accept the State of Forida accept the State of Forida. I am familiar with, and accept the State of Forida. I am familiar with accept the State of Forida accept the Sta	701 N. HERCULES, SUITE F				Street Address (P.O. Box Number is Not Acceptable)					
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### PRICE NOW!!! FEE IS:\$50.00 Make Check Payable to Florida Department of State Due By: September 7, 2005										
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition										
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NAME SIREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutocomindicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that	NAME STREET ADDRESS		☐ Delete	NAM! STRE	ET ADDRESS				Change	Addition
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	11. I hereby			r the exer	mption stated in S			No. of Lot, House, St. Lot, Ho		