2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: Sand Police SAUL PILWICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

| DOCUMENT # L03000041752 1. Entity Name DIVERSIFIED GLOBAL INVESTMENTS LLC | | | | | Feb 02, 2004 08:00 AM Secretary of State | | | |
|---|--|---|----------------------------|--|--|------------------------------------|----------------------------|---|
| Principal Place of Business 6269 NW 33 AVENUE BOCA RATON FL 33496 US | | Mailing Address 6269 NW 33 AVENUE BOCA RATON FL 33496 US | | | | ı Pe ni Salıı b il i | al traft (2001 Erte (12 | BB1 W |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt, #, etc. | | Suite, Apt. #, etc. | | | MOORE | CR2E0 | 83 (11/03) | |
| City & State | | City & State | | | 4. FEI Number | | | plied For Applicable |
| Žιρ | Country | Zip Count | | try | 5. Certificate of Status Desired | | \$5.00 Add Fee Required | |
| | 6. Name and Address of Current | Name | 7. Name and Address of New | Registered | Agent | | | |
| GAE | BEL, JO ELLEN | | | | | | | |
| 626 | 9 NW 33 AVENUE CA RATON FL 33496 | | | Street Address (| P.O. Box Number is Not Acceptab | le) | <u> </u> | · • • • • • • • • • • • • • • • • • • • |
| | | | | City | | Fi | Zip Code | |
| 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. | | | | | | | | |
| SIGNATI IRE | | | | | | | | |
| Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State | | | | | | | | |
| | | orida Departine ay 1, 2004 | III OI STATE | | | | | |
| 9. MANAGING MEMBERS/MANAGERS 10. | | | | -, -, | ADDITIONS | CHANGE | S | |
| TITLE | MGRM Delete III | | | <u> </u> | 7,007,10.110 | 7 01 1/1 1/10 | ☐ Change | ☐ Addition |
| NAME | GABEL, JO ELLEN | | | | U0000003 02/04/04-81 | 31188 | | |
| STREET ADDRESS | 0200 1111 00 1112102 | | | ET ADDRESS | 02/04/04~8 | 0139-0: | 12 50.00 | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | <u> </u> | - | -ST-ZIP | | | _ | |
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| name Street address | PILNICK, SAUL 6269 NW 33 AVENUE | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | | CITY | -ST-ZIP | | | | |
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| NAME Street address | | | NAN STRE | ET ADDRESS | | | | |
| CITY- ST-ZIP | | | | -ST-ZIP | | | 2 - 44 | · • |
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| NAME | | | NAM | _ | | | | |
| STREET ADDRESS | | | 4 | EET ADDRESS '-ST-ZIP | | | | |
| CITY-ST-ZIP | certify that the information supplied with | s this filling does not surelf to | · . | | action 119 07/23/3 Florida Statista | I frietbook | ertify that the | formation |
| indicated limited lia | certify that the information supplied will t on this report is true and accurate and ability company or the receiver or truste | to that my signature shall have e empowered to execute this | the sam report a | e legal effect as if r s required by Chap | made under oath; that I am a mana oter 608, Florida Statutes. | aging mem | ber or manage | r of the |

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