

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
2004 DEC 20 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000044602</b> 1. Entity Name <b>DIVERSIFIED INVESTMENTS - LM, LLC</b>					
Principal Place of Business <b>7625 WISCONSIN AVENUE, SUITE 150 BETHESDA, MD 20814</b>			Mailing Address <b>7625 WISCONSIN AVENUE, SUITE 150 BETHESDA, MD 20814</b>		
2. Principal Place of Business <b>7800 Persimmon Tree Lane</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Bethesda, MD</b> Zip <b>20817</b>		3. Mailing Address <b>7800 Persimmon Tree Lane</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Bethesda, MD</b> Zip <b>20817</b>		10212004 REIN-LLC CR2E101 (6/04)	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>90-0122461</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DIVERSIFIED INVESTMENTS SERVICES, LLC 701 N. HERCULES, SUITE F CLEARWATER, FL 33765</b>			7. Name and Address of New Registered Agent Name <b>Drennen L. Whitmire, Jr.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>249 Royal Palm Way, Suite 501</b> City <b>Palm Beach</b> <b>FL</b> <b>33480</b>		
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 <b>Drennen L. Whitmire, Jr.</b> <b>12/13/04</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$200.00</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME - STREET ADDRESS CITY - ST - ZIP	MGR <b>HAASE, BARRY L</b> <b>7625 WISCONSIN AVENUE, SUITE 150</b> <b>BETHESDA, MD 20814</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>Haase, Barry L.</b> <b>7800 Persimmon Tree Lane, Suite 100</b> <b>Bethesda, MD 20817</b>	<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
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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)(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: <b>James H. Schnare II</b> <b>12/13/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			561-627-8100 <small>Daytime Phone #</small>		

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