

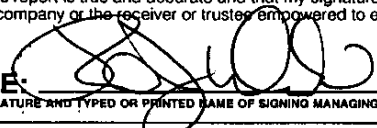


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90018 040 ****50.00

DOCUMENT # L04000010411 1. Entity Name REAL ESTATE DIVERSIFIED, LLC					
Principal Place of Business 341 NORTH MAITLAND AVENUE, SUITE 340 MAITLAND, FL 32751			Mailing Address 341 NORTH MAITLAND AVENUE, SUITE 340 MAITLAND, FL 32751		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1465 Gene Street Suite, Apt. #, etc. Suite B			
City & State 		City & State Winter Park, Florida		4. FEI Number 20-0753393	
Zip 	Country 	Zip 32789	Country USA	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01262005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVENUE, SUITE 340 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Blank]			MGRM ROBIN J. WEEKS PO BOX 941036 MAITLAND, FL 32794		
[Blank]			MGRM SHERI L. COUCH 7130 SHADY WOOD LANE ORLANDO, FL 32835		
[Blank]			[Blank]		
[Blank]			[Blank]		
[Blank]			[Blank]		
[Blank]			[Blank]		
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:  ROBIN J. WEEKS 4/21/05 (407) 599-9996 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					