

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024344

FILED
Jun 30, 2005
Secretary of State

Entity Name: DIVERSIFIED PARTNERS, LLC

Current Principal Place of Business:

10 SYLVAN WAY
PARSIPPANY, NJ 07054

New Principal Place of Business:

10 SYLVAN WAY
SUITE 110
PARSIPPANY, NJ 07054

Current Mailing Address:

10 SYLVAN WAY
PARSIPPANY, NJ 07054

New Mailing Address:

10 SYLVAN WAY
SUITE 110
PARSIPPANY, NJ 07054

FEI Number: 20-1000043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WEISSMAN, MICHAEL H
3700 OCEAN BLVD., APT. 810
HIGHLAND BEACH, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEISSMAN, MICHAEL H
Address: 3700 OCEAN BLVD., APT. 810
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGRM () Delete
Name: WEISSMAN, RICHARD S
Address: 3700 OCEAN BLVD., APT. 810
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL H WEISSMAN

MGRM

06/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date