

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 26 AM 11:13

DOCUMENT # L04000067693

1. Entity Name

APPALACHIAN, LLC



Principal Place of Business

7800 PERSIMMON TREE LANE, SUITE 100  
BETHESDA MD 20817

Mailing Address

7800 PERSIMMON TREE LANE, SUITE 100  
BETHESDA MD 20817



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1671978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIVERSIFIED INVESTMENTS SERVICES, LLC  
701 N. HERCULES, STE. F  
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME HAASE, BARRY L  
STREET ADDRESS 7800 PERSIMMON TREE LANE, SUITE 100  
CITY- ST- ZIP BETHESDA MD 20817

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
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TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
500060222765  
10/04/05--01069--008 \*\*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 Statute, indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath by the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statute.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN