


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90259 001 ***100.00

DOCUMENT # L05000005207
 1. Entity Name
DIVERSIFIED INVESTMENTS - ROBIN HILL, LLC



Principal Place of Business Mailing Address
7800 PERSIMMON TREE LANE, SUITE 100 **7800 PERSIMMON TREE LANE, SUITE 100**
BETHESDA MD 20817 **BETHESDA MD 20817**



2. Principal Place of Business 3. Mailing Address
3005 Douglas Blvd. **3005 Douglas Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
150 **150**

1st MOORE CR2E083 (10/05)

City & State City & State
Roseville, CA **Roseville, CA**
 Zip Country Zip Country
95661 **USA** **95661** **USA**

4. FEI Number Applied For
20-2262659 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	
WHITMIRE, DRENNEN L JR, ESQ 249 ROYAL PALM WAY, SUITE 501 PALM BEACH FL 33480		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

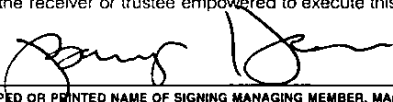
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAASE, BARRY L			NAME			
STREET ADDRESS	7800 PERSIMMON TREE LANE, SUITE 100			STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD 20817			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **2/20/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #