

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90023 009 ****50.00

DOCUMENT # L05000014529

1. Entity Name

DIVERSIFIED INVESTMENTS - CABINS, 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

3005 Douglas Blvd.
Suite, Apt. #, etc.
150

3. Mailing Address

3005 Douglas Blvd.
Suite, Apt. #, etc.
150

City & State

Roseville, CA

City & State

Roseville, CA

Zip
95661

Country

USA

Zip

95661

Country

USA

4. FEI Number

20-2327375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

WHITMIRE, DRENNEN L JR., ESQ
249 ROYAL PALM WAY, SUITE 501
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

TITLE
NAME
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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/20/06