
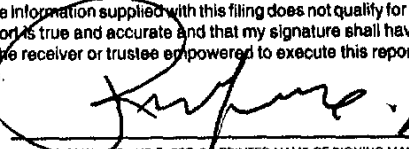


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L92000000068 DIVERSIFIED REAL ESTATE HOLDINGS, A LIMITED LIABILITY COMPANY 5501 SW 11TH ST MARGATE FL 33068		1a. Principal Place of Business Address 5501 SW 11TH ST MARGATE FL 33068 <i>MWB</i>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/23/1992	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
Country		Country		65-0390884	
				5. Date of Last Report	
				06/17/1996	
				6. Certificate of Status Desired	
				See Fee Schedule Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
GRAZIOTTO, RAYMOND E 1200 MARINE WAY APT. B402 NORTH PALM BCH. FL 33408		Name Street Address (P.O. Box Number is Not Acceptable) 12428 COCONUT ROW Suite, Apt. #, etc. City PALM BEACH Zip Code FL 33410			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE 3/13/97	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MAN	GRAZIOTTO, RAYMOND E	1200 MARINE WAY, APT. B402		N. PALM BCH. FL	
MAN	GRAZIOTTO, PETER E	12428 COCONUT ROW		P.O. B. FL 33410	
		137 HIDDEN VALLEY RD		MCMURRAY PA	
900002150399-1 -04/22/97-01039-021 ****203.75 ****203.75					
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date Daytime Phone #					