


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -4 PM 4: 36	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 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			
2. Principal Place of Business 801 Uno Lago Dr Suite, Apt. #, etc.		2a. Mailing Address 801 Uno Lago Dr Suite, Apt. #, etc.		3. Date Organized or Qualified 12/23/1992		3a. State of Formation FL	
City & State Juno Beach FL		City & State Juno Beach FL		4. FEI Number 65-0390884		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33408		Country USA		5. Date of Last Report 04/21/1997		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent GRAZIOTTO, RAYMOND E 12428 COCONUT ROW PALM BEACH GARDENS FL 33410				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002514375-- 6 Suite, Apt. #, etc. -05/06/98--01139--001 ****188.75 ****188.75 City FL Zip Code MAH			
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 _____			
(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		12428 COCONUT ROW		PALM BEACH GARDENS F		
MAN	GRAZIOTTO, PETER E		137 HIDDEN VALLEY RD		MCMURRAY PA		

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 #

4/29/98