

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L92000000068

1. Entity Name  
DIVERSIFIED REAL ESTATE HOLDINGS, A LIMITED  
LIABILITY COMPANY



Principal Place of Business

630 MAPLEWOOD DRIVE  
100  
JUPITER, FL 33458

Mailing Address

630 MAPLEWOOD DRIVE  
100  
JUPITER, FL 33458

**FILED**  
**Apr 17, 2007 08:00 AM**  
**Secretary of State**



04142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-0390884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GRAZIOTTO, RAYMOND E  
19651 N RIVERSIDE DE  
TEQUESTA, FL 33469

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000713034  
04/26/07-80074-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GRAZIOTTO, RAYMOND E  
19651 N RIVERSIDE DE  
TEQUESTA, FL 33469

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GRAZIOTTO, PETER E  
137 HIDDEN VALLEY RD  
MCMURRAY, PA 15317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *William E. Taylor* William E. Taylor CFO

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

Date

Daytime Phone #

4-16-07 561-625-9443