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

APPROVED
AND
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1997 MAY 14 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE	Annual Report $100.00 + $103.75 Corporation Supplemental Fee
$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000634

DIVERSIFIED ASSET DEVELOPMENT, L.L.C.
POST OFFICE BOX ~~7809~~
ST. PETERSBURG FL 33734

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

POST OFFICE BOX 7809
ST. PETERSBURG FL 33734

2. Principal Place of Business	2a. Mailing Address
	PO Box 76535
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
06/10/1996	FL

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired — $5.00 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name: DOUGLAS E. WEBER Street Address (P.O. Box Number is Not Acceptable): 2087 ILLINOIS AV NE Suite, Apt. #, etc.: City: ST. PETERSBURG FL Zip Code: 33703

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 X _____ DATE 4/30/97
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WEBER, DOUGLAS E	2087 ILLINOIS AVENUE NORTH	ST. PETERSBURG FL
MGRM	DIVERSIFIED ASSET MANA	2087 ILLINOIS AVENUE NORTH	ST. PETERSBURG FL

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****203.75 ****203.75

TSH 6/20/97

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: _____ D.E. Weber 4/30/97 813 5259872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R(12-96)