

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

**APPROVED
AND
FILED**

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
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DIVERSIFIED ASSET DEVELOPMENT, I.L.C. POST OFFICE BOX 7809 ST. PETERSBURG FL 33734

DOCUMENT # L96000000634

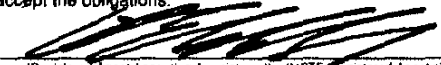
1a. Principal Place of Business Address POST OFFICE BOX 7809 ST. PETERSBURG FL 33734
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address PO Box 76535 Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 06/10/1996	3a. State of Formation FL
		4. FEI Number	☒ Applied For ☐ Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired ☐ Additional Fee Required

7. Name and Address of Current Registered Agent CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	8. Name and Address of New Registered Agent <table border="1"><tr><td>Name DOUGLAS E. WEBER</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable) 2087 ILLINOIS AV NE</td></tr><tr><td>Suite, Apt. #, etc.</td></tr><tr><td>City ST. PETERSBURG</td></tr><tr><td>Zip Code FL 33708</td></tr></table>	Name DOUGLAS E. WEBER	Street Address (P.O. Box Number is Not Acceptable) 2087 ILLINOIS AV NE	Suite, Apt. #, etc.	City ST. PETERSBURG	Zip Code FL 33708
Name DOUGLAS E. WEBER						
Street Address (P.O. Box Number is Not Acceptable) 2087 ILLINOIS AV NE						
Suite, Apt. #, etc.						
City ST. PETERSBURG						
Zip Code FL 33708						

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**

**750
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)(l), 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 808, 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # **5259872**