2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90053 021 ****50.00

DOCUMENT # L96000000634

1. Entity Name
DIVERSIFIED ASSET DEVELOPMENT, L.L.C.

Principal Place of Business	Mailing Address
777 SO. HARBOUR ISLAND BLVD SUITE 260 TAMPA, FL 33602	777 SO. HARBOUR ISLAND BLVD SUITE 260 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

01062005No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0870632
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WEBER, DOUGLAS E
1109 ABBEYS WAY
TAMPA, FL 33602

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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 _____ 1/6/05
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEBER, DOUGLAS E
STREET ADDRESS	1109 ABBEYS WAY
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	DIVERSIFIED ASSET MANAGEMENT, INC.
STREET ADDRESS	1109 ABBEYS WAY
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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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 exemption stated in Section 119.07(3)(i), 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: Eileen K Weber 1/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #