

**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.	
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Principal Place of Business 777 SO. HARBOUR ISLAND BLVD SUITE 260 TAMPA, FL 33602	Mailing Address 777 SO. HARBOUR ISLAND BLVD SUITE 260 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-LLC

CR2E083 (10/03)

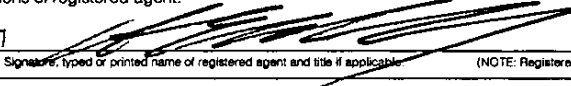
4. FEI Number 65-0870632	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEBER, DOUGLAS E 1109 ABBEYS WAY TAMPA, FL 33602

**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 	1/6/05
Signature, typed or printed name of registered agent and title if applicable	DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEBER, DOUGLAS E 1109 ABBEYS WAY TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIVERSIFIED ASSET MANAGEMENT, INC. 1109 ABBEYS WAY TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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: 	1/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #