

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0025907 AF

DOCUMENT # L98000002095

1. Entity Name
DIVERSIFIED INVESTMENTS-HACIENDA, L.C.

01 APR 26 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4340 EAST WEST HIGHWAY, SUITE 206
BETHESDA MD 20814

Mailing Address
4340 EAST WEST HIGHWAY, SUITE 206
BETHESDA MD 20814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2123816

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIVERSIFIED INVESTMENTS SERVICES, L.L.C.
28488 U.S. HIGHWAY 19 NORTH, SPACE #12
CLEARWATER FL 33761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
HACIENDA COMMUNITIES, LTD.
STREET ADDRESS 4340 EAST WEST HIGHWAY, SUITE 206
CITY-ST-ZIP BETHESDA MD 20814 ☒ Delete

TITLE NAME Managing member
Barry Haase
STREET ADDRESS 4340 East West Hwy, Suite 206
CITY-ST-ZIP Bethesda, MD 20814 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME member
Philip Moreau
STREET ADDRESS 4340 East West Hwy, Suite 206
CITY-ST-ZIP Bethesda, MD 20814 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

Gayle Benson

4/19/01 (916) 727-0017

CR2E083 (11/00)