

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002095

1. Entity Name

DIVERSIFIED INVESTMENTS-HACIENDA, L.C.

Principal Place of Business

4340 EAST WEST HIGHWAY, SUITE 206
BETHESDA MD 20814

Mailing Address

4340 EAST WEST HIGHWAY, SUITE 206
BETHESDA MD 20814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2123816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM HAASE, BARRY 4340 EAST WEST HIGHWAY, SUITE 206 BETHESDA MD 20814	<input type="checkbox"/>		
MEM MOREAU, PHILIP 4340 EAST WEST HIGHWAY, SUITE 206 BETHESDA MD 20814	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

CR2E083 (9/01)

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 #

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90209 005 ****50.00

961096



DO NOT WRITE IN THIS SPACE

SIGNATURE

Gayle Benson 4/30/02 (916) 782-2224