

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90500 020 ****50.00

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1. Entity Name

DIVERSIFIED INVESTMENTS-HACIENDA, L.C. FFR 19 2004

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

7800 Persimmon Tree Lane

Suite, Apt. #, etc.

3. Mailing Address

7800 Persimmon Tree Lane

Suite, Apt. #, etc.

City & State

Bethesda MD

Zip

20814

Country

USA

City & State

Bethesda MD

Zip

20814

Country

USA

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 Diversified Investments

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

701 N. Hercules, Suite F

City Clearwater

FL

Zip Code 33765

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

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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete

NAME HAASE, BARRY
STREET ADDRESS 4340 EAST WEST HIGHWAY, SUITE 206
CITY-ST-ZIP BETHESDA MD 20814

TITLE MEM ☐ Delete

NAME MOREAU, PHILIP
STREET ADDRESS 4340 EAST WEST HIGHWAY, SUITE 206
CITY-ST-ZIP BETHESDA MD 20814

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

3-31-04