2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002095

1. Entity Name

SIGNATURE: SIGNATURE AND TYPED ON I

DIVERSIFIED INVESTMENTS-HACIENDA, L.C.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90614 047 ****50.00

Daytime Phone #

Principal Place of Business 8- Mailing Address 8- BETHESDA MD 28914 2- Principal Place of Business 8- July April v. oc. Check Heste is Marking D Markes 8- Sulin, April v. oc. Check Heste is Marking D Markes 8- July April v. oc. Check Heste is Marking D Markes 7- July State 1- Country Zip Country Zip Country S. Certificate of Status Deared Solidar Deare										
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S. Refriction of State Desired Fee Regulated	City & State		City & State	City & State			JE 2 1200 10			
DIVERSIFIED INVESTMENTS SERVICES, L.L.C. 24848 US. HIGHWAY 19 NORTH, SPACE #12 CLEARWATER FL 33761 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS /MANAGERS TITE NAME HAASE, BARRY HAASE, BA	Zip	Country	· ·	Coun	try					
DIVERSIFIED INVESTMENTS SERVICES, LL.C. 28468 U.S. HIGHWAY 19 NORTH, SPACE #12 City FL ZP Code City FL ZP		6. Name and Address of Curr	rent Registered Agent					jistered Ag	ent	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE PROBLEM AND ACCEPTABLE STORY SIGNATURE SIGNATU	Dive	EDOICIED INN/ECTMENTS CEDV	NOTE LLC		Name					
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or prised name of registered agent and title if explication. (NOTE Registered Agent Signature required when remotions) ONTE					City			FI	Zip Cod	le .
Sprauber, hybeid or printed name of registered agent until till sportcube. File NOW!!! FEE IS \$50.00	the obligat		int for the purpose of changing its	s registere	ed office or regis	tered agent, or b	oth, in the State of Floric		niliar with,	and accept
S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM	SIGNATURE .	Signature, typed or printed name of registered a	agent and title if applicable. (NOT	TE: Registered	1 Agent signature requ	ired when reinstating)		DATE		
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	indicated	on this report is true and accurate	and that my signature shall have	the same	legal effect as i	f made under oat	h; that I am a managin	urther certify g member (that the incomme	nformation er of the

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