2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005619 1. Entity Name DIVERSIFIED INVESTMENTS - SOUTHERNAIRE, LLC						01 APR 26 AM 10: 59			ā ₹	
Principal Place of Business 4340 EAST WEST HIGHWAY, SUITE 206 BETHESDA MD 20814		Mailing Address 4340 EAST WEST HIGHWAY. SUITE 206 BETHESDA MD 20814				SECRETARY OF STATE TALLAHASSEE, FLORID				
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	aqti		
City & State		City & State			4. FEI1	Number 52-2191354		pplied For ot Applicable]	
Zip	Country	Zip	Zip Count			5. Certificate of Status Desired			Additional	
	6. Name and Address of Curren	t Registered Agent			7. Nam	e and Address of New Registered			1	
_ ~ ~_~	ا سوست است استوست و مستحدید			Name]_	
DIVERSIFIED INVESTMENTS SERVICES, L.L.C. 28488 U.S. HIGHWAY NORTH, SPACE #12				Street Ad	dress (P.O. Box N	ess (P.O. Box Number is Not Acceptable)				
CLEARWA	NTER FL 33761					FL	Zip Cod	le	٠.,	
8. The above	named entity submits this statement f	or the purpose of changing it	s registere	d office or r	egistered agent,	-	• <u> </u>		1	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered	Agent signatur	e required when reinstati	ng) DATE				
	.	FILE N Make Check P	IOW!!! Fayable to	Departm	ent of State 5	#000004194 	01140-:	-007: 🛌	e taka	
9.	MANAGING MEME	BERS/MEMBERS	10.			ADDITIONS/CHANGES	i]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Haase, Barry L 4340 East West Highway, SU Bethesda MD 20814	☐ Delete		B			Change	☐ Addition	R2E083 (11/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· 🔲 Delete					Change	☐ Addition	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREE		- s		Change	☐ Addition	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ Delete					Change	Addition	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			Change	Addition	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP			Change	Addition		
indicated	ertify that the information supplied with on this report is true and accurate and pility company or the receiver or truste	l that my signature shall have	the same	legal effect	as if made under	oath; that I am a managing membe	tify that the in r or manage	nformation or of the		

4/19/01 (916) 727-0017
Date Dayline Priore # SIGNATURE: