

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90158 004 \*\*\*\*50.00

**DOCUMENT # L99000005619**

1. Entity Name

**DIVERSIFIED INVESTMENTS - SOUTHERNAIRE, LLC**



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 **52-2191354**

Applied For

Not Applicable

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 NORTH, SPACE #12  
CLEARWATER FL 33761**

Name

**Diversified Investments Services LLC**

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

**701 F North Hercules Ave**

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 ~~\$50.00~~**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
HAASE, BARRY L  
4340 EAST WEST HIGHWAY, SUITE 206  
BETHESDA MD 20814**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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** *[Signature]*

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

Date

Daytime Phone #

**2-24-03**

CR2E083 (10/02)