

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006645**

1. Entity Name
DIVERSIFIED INVESTMENTS - SILK OAK, 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**

FILED

01 APR 26 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number **52-2198136** 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, LLC.
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**

**000004194670-8
-05/10/01-01140-014**

*******50.00 *****50.00**

ADDITIONS/CHANGES

CR2E083 (11/00)

9. MANAGING MEMBERS/MEMBERS

10.

Delete

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAASE, BERRY L 4340 EAST WEST HWY, SUITE 206 BETHESDA MD 29814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

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:

Gayle Benson

4/19/01 (916) 727-0017

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

Date

Daytime Phone #