2000 UNIFORM BU	ISINESS REPO	RT (UB	R)	Af	PROVED AND		
L9900008758 DOCUMENT # 1. Entity Name					FILED		
DIVERSIFIED INVESTMENTS-BREEZY HILL, LLC.				CO MAY	-2 PM 3: 18	}	
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			<u>_</u>	TALLARI TALLARI	ÄRY OF STATE VSSEE, FLORID	Δ	
Principal Place of Business	Mailing Address			19 1 60 3 1 4 4 1 1 2		•	
				4			
			·		İ		
2. Principal Place of Business	2 Marillan Addana						
4340 East West Hwy	3. Mailing Address 4340 East V	4340 East West Hwy			1		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Suite 206 City & State	06 Suite 206 City & State		4 FEIN	4. FEI Number Applied For			
Bethesda, MD			52-22040		28	Not Applicable	
Zip Country 20814	20814	Country	5. Certif	cate of Status Desired	\$5.00 / Fee Requ	Additional	
6. Name and Address of Cur		<u> </u>	7. Name	and Address of New			
, 1 10 1		Name Di	versfied	Investment	†		
				PO. Box Number is Not Acceptable) U.S. Highway 19 North			
		20	400 0.3.	HIGHWAY 19	NOT CIT		
		City			Zip C	ode	
	.,	C1	<u>earwater,</u>		FL 337	61	
8. The above named entity submits this stateme	int for the purpose of changing its i	registered office o	or registered agent, c	r both, in the State of Fl	orida. -		
SIGNATURE						·	
Signature, typed or printed name of registered a	agent and title if applicable (NOTE.	. Registered Agent signa	ture required when reinstatin	9)	DATE		
	 B. S. C. C. S. /li>	WIII FEE IS	新心理をおかれていることが、大いなどを記せることがはない。				
	Make Check Pay	/able to Depar	tment of State				
9. MANAGING ME	EMBERS/MEMBERS	10.		ADDITIONS	/CHANGES		
TITLE	☐ Delete	TITLE NAME	MGR Haase, B	arrv L.	☐ Change	e K Addition 66/11	
STREET ADDRESS		STREET ADDRESS	4340 Eas	t West Hwy		6 8	
CITY-ST-ZIP		CITY-ST-ZIP	Bethesda	, MD 2081		CR2 Logitiphy a	
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	e □ Addition ප	
STREET ADDRESS		STREET ADDRESS		,			
CITY-ST-ZIP		CITY-ST-ZIP					
NAME *	Delete	NAME			Change		
STREET ADDRESS		STREET ADDRESS	1	400003 ; 19,730-		3	
CITY-ST-ZIP	Пр	CITY-ST-ZIP			0.00 ***** □ Change	<u>50.00</u>	
TITLE NAME	☐ Delete	TITLE NAME		•	i Change	, Addition	
STREET ADDRESS		STREET ADDRESS			: ! -		
TITLE TIPE	☐ Delete	CITY-ST-ZIP TITLE			Change	e	
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		4			
TITLE	Delete	TITLE			Change	e- Addition	
NAME	٠.	NAME				.	
STREET ADDRESS CITY-ST-ZIP	y a layawan de de e	"STREET ADDRESS" CITY-ST-ZIP					
11. I hereby certify that the information supplied		the exemption sta					
indicated on this report is true and accurate limited liability company or the receiver or true	and that my signature shall have the	ne same legal effe	ect as if made under	oath; that I am a manag			
Im	D. Brian	مرار کا	<>√1	, ,			
SIGNATURE:	KUKKIWO I	cayle Ben		4/27/00	(916)727-		
SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING MANAGING M	EMBER DR MANAGER		Date	Daytime Phone	#	