

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90500 019 \*\*\*\*50.00

DOCUMENT # L99000008758

1. Entity Name

DIVERSIFIED INVESTMENTS-BREEZY HILL, LLC.

RECEIVED

FFB 1 9 2004

BY:



Principal Place of Business

4340 EAST WEST HWY, STE 206  
BETHESDA MD 20814

Mailing Address

4340 EAST WEST HWY, STE 206  
BETHESDA MD 20814

2. Principal Place of Business

1800 Persimmon Tree Lane

3. Mailing Address

1800 Persimmon Tree Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bethesda MD

City & State

Bethesda MD

Zip

20814

Country

USA

Zip

20814

Country

USA

4. FEI Number

52-2204028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

DIVERSIFIED INVESTMENTS SERVICES LLC  
28488 US HWY 19 NORTH, SPACE #12  
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name Diversified Investments

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

701 N. Hercules, Suite F

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 IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME HAASE, BARRY L  
STREET ADDRESS 4340 EAST WEST HWY, SUITE 206  
CITY-ST-ZIP BETHESDA-MD-20814

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

3-31-04