2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L02000027627 01-15-2004 90092 018 ****55.00 DIAMOND BUILDING PARTNERS, LLC Principal Place of Business Mailing Address 107 NE FIRST AVE. 107 NE FIRST AVE. US OCALA, FL 34470 OCALA, FL 34470 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 01122004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 43-1993212 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BODDY, LINDA B Street Address (P.O. Box Number is Not Acceptable) 107 NE FIRST AVE. OCALA, FL 34470 City Zip Code FI 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITI F ☐ Change Addition BODDY, LINDA B NAME NAME 107 NE 1ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34470 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ----- Change ---- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NATURE AND SYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF ADTHORIZED REPRESENTATIVE

FILED Jan 15, 2004 8:00 am