2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000027627

1. Entity Name

DIAMOND BUILDING PARTNERS, LLC



FILED Jan 27, 2006 08:00 AN Secretary of State

Principal Place of Business 107 NE FIRST AVE.

OCALA, FL 34470

Mailing Address

107 NE FIRST AVE.

OCALA, FL 34470 US



01092006 No Chg-LLC

5. Certificate of Status Desired

CR2E083 (11/05)

| | 4. FEI Number 43-1993212 |
|-----|-----------------------------|
| . : | 10-2- |

\$5.00 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

BODDY, LINDA B 107 NE FIRST AVE. OCALA, FL 34470

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| SIGNATURE Squame, typed or printed name of registered agent and the if applicable. (NOTE, Registered Agent signature required when reinstating) DAT Filling Fee is \$50.00 But by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS CITY-ST-2IP | | named entity submits this statement for the purpose of char ions of registered agent. | iging its registered office or registered agent, or b | ooth, in the State of Florida. I am familiar with, and accept |
|--|---------------------------------------|--|--|---|
| 9. MANAGING MEMBERS/MANAGERS TITLE MGR BODDY, LINDA B SIRETADDRESS 107 NE 1ST AVE CITY-ST-ZIP OCALA, FL 34470 TILE NAME SIRETADDRESS CITY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TIL | SIGNATURE_ | Signature, typed or printed name of registered agent and title if applicable. | (NOTE, Registered Agent signature required when reinstating) | ÐATE |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | | | THIS SPACE |
| NAME STREET ADDRESS | name Street address | | | |
| 11. I bereby cartify that the information supplied with this filing does not qualify for the exemptions contained in Chanter 119. FlorIda Statutes, I further certify that the information | NAME STREET ADDRESS CITY-ST-ZIP | | | |

I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Forica 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 it made under cath; 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:

LINDA B. BODDY 1/23/06 (352) 622-4220

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

Davime Phone #