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2002	COM	FORM DOS		.JJ nlry	/ FL I	(ODIN)			AND					
DOCUMENT # A9200000222 1. Entity Name DIAMOND S LIMITED PARTNERSHIP L.L.P.								F	TLED					
								02 FEB 22 PM 3: 45						
								SECRET	ARY OF STATE SSEE, FLORID	Α				
Principal Place of Business Mailing Address							!	AGEAH	(3022					
7601 HOLLYR JACKSONVILL			101 HOLLYRIDGE ROAD 10KSONVILLE FL 32256								. 11914		. :581	
Principal Place of Business Mailing Address							'	16919)) ISID 16)II	i 11011 Bolli Aditi Aditi Aditi	••••	••••			1 1 1 1 1 1
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2002						
City & State				City & State			-4.=FEI:No	îmber 59	3215819		-		plied F t Appli	
Zip Country			Z	Zip Cor		try 5. Certificate of Status		CQ 75 Additional						
6. Name and Address of Current Registe				ered Agent	<u></u>		7. Name	and Addres	ddress of New Registered Agent					
10 4 2 2 2						Name								•
SKINNER, RICHARD G JR 7601 HOLLYRIDGE ROAD						Street Address (P.O. Box Number is Not Acceptable)								
JACKSONVILLE FL 32256														
•						City FL Zip Cor						Code	3	
8. The above	named entit	y submits this statement for	r the p	urpose of changing its	register	ed office or reg	istered agent, o	r both, in the	State of Florida.					
SIGNATURE .	Signature typed	or printed name of registered agent a	and title if	applicable.					DATE	_	_			-
9. Capital Contributions as Shown on record. \$900,000.00 10. Amount of Capital in FLORIDA to data.						butions 920	887)	11. MAKE CHECK PAYABLE TO DEPT. OF ST						
as Shown o	AC	SENERAL PARTNER T	HAT	S A BUSINESS EN	NTITY N	UST BE REC	GISTERED AN	ND ACTIVE	WITH THIS OFFIC	E.		NFUN	MAIIU	JN <u></u>
	NOTE	General Partners MA				n; an amend	ment must be				er.			
12	<u> </u>	GENERAL PARTNER	INFO	RMATION	13.			ADI	DRESS CHANGES ON	LY	—			
DOCUMENT # NAME	SKINNER, RICHARD G JR 7601 HOLLYRIDGE ROAD JACKSONVILLE FL 32256				STRI	EET ADDRESS								
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP								<u></u>
DOCUMENT # NAME	SKINNER, ANN F					EET ADDRESS		700	00503 <u>1</u> 03/01/02- 0	8			 p7_	3
STREET ADDRESS CITY-ST-ZIP=		LLYRIDGE ROAD VILLE-FL-32256	CITY		-ST-ZIP			****526.25 <u></u>			 ≱52		5	
DOCUMENT /					STRI	EET ADDRESS			· · · · · · · · · · · · · · · · · · ·					
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DOCUMENT #		<u></u> .			STRI	EET ADDRESS	· -							•
NAME Street Address					- CITY	-ST-ZIP								
CITY-ST-ZIP DOCUMENT #					етр	EET ADDRESS						-		
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STREET ADDRES					CITY	'-ST-ZIP								

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 320, Florida Statutes

1/29/02 904-641-5152 Date Datine Phone #