

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90226 046 ****50.00

DOCUMENT # L00000006400

1. Entity Name

DIAMOND INVESTORS, LLC

NAME CHANGE - Conundrum Capital Partners LLC

Principal Place of Business

141 9TH STREET NORTH
 NAPLES FL 34102

Mailing Address

141 9TH STREET NORTH
 NAPLES FL 34102

2. Principal Place of Business

1100 5th Ave. So.

Suite, Apt. #, etc.

Suite 408

City & State

Naples FL

Zip

34102

Country

Collier

3. Mailing Address

1100 5th Ave. So.

Suite, Apt. #, etc.

Suite 408

City & State

Naples FL

Zip

34102

Country

Collier

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAULICH, JOHN III
 801 ANCHOR RODE DRIVE, SUITE 203
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Jim Chambers

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

1100 5th Avenue So. Suite 408

City

Naples

FL

Zip Code

34102

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME ACKROYD, JAMES
 STREET ADDRESS 141 9TH STREET NORTH
 CITY-ST-ZIP NAPLES FL 34102 ☒ Delete

TITLE MGR
 NAME VANOORT, DOUG
 STREET ADDRESS 141 9TH STREET NORTH
 CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
 NAME Chambers, James
 STREET ADDRESS 1100 5th Avenue So. Suite 408
 CITY-ST-ZIP Naples, FL 34102 ☐ Change ☒ Addition

TITLE MGR
 NAME VANOORT, DOUG
 STREET ADDRESS 1100 5th Avenue So. Suite 408
 CITY-ST-ZIP Naples, FL 34102 ☒ Change ☐ Addition

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

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

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

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

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:

Jim Chambers
 SIGNATURE REQUIRED

4/17/02

941-435-0734

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

Date

Daytime Phone #

CR2E083 (9/01)