

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000006806

FILED
Oct 21, 2005
Secretary of State

Entity Name: DIAMONDS PROPERTIES, LLC

Current Principal Place of Business:

960 ARTHUR GODFREY RD., STE. 212
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

960 ARTHUR GODFREY RD., STE. 212
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-1107144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLEGOS, LUIGI
960 ARTHUR GODFREY RD., STE. 212
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GALLEGOS, LUIGI
Address: 960 ARTHUR GODFREY RD., STE. 212
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR (X) Delete
Name: FACIOLINCE, ALVARO
Address: 960 ARTHUR GODFREY ROAD, SUITE 212
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR (X) Delete
Name: FACIOLINCE, JEANNETTE
Address: 960 ARTHUR GODFREY ROAD SUITE 212
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUIGI GALLEGOS

MGR

10/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date