LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

02 JAH 23 AM 8: 29 **DOCUMENT #** L01000011971 SECRETARY OF STATE TAULAHASSEE, FLORIDA 1. Entity Name South Florida Diamonds, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 619 S. 21st Avenue 619 S. 21st Avenue Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. EEL Number Hollywood Not Applicable Hollywood, 33020 Fl65-1123350 Country Zip 33020 Zip -33020 Country \$5.00 Additional 5. Certificate of Status Desired USĂ USA Fee Required 7. Name and Address of Current Registered Agent Corporation Service Companyu DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street IN THIS SPACE Tallahassee 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, typed or printed name of registered agent and title if applicable. **FEE IS \$50.00** Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS TITLE Manager NAME NAME Andrew Lovett 619 S. 21st Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hollywood, Fl 33020 TITLE TITLE NAME NAME 300004793103: STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY-ST-7IP TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP

11. Thereby certify that the information supplied with this filling 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 employeered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY, ST. 7IP

SIGNATURE:

TITLE NAME

NAME STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-7IP TITLE



ACCOUNT NO.

072100000032

REFERENCE

029985

7229347

AUTHORIZATION

COST LIMIT

\$ 50.00

ORDER DATE: January 23, 2002

ORDER TIME :

3:18 PM

ORDER NO. : 029985-060

CUSTOMER NO:

7229347

CUSTOMER:

Maria Etienne, Legal Asst

Kilpatrick Stockton Llp

Suite 2000

200 South Biscayne Boulevard

Miami, FL 33131

ANNUAL REPORT FILING

NAME:

SOUTH FLORIDA DIAMONDS, LLC

XX ANNUAL REPORT								
PLEASE F	RETURN	THE	FOLI	OWING	AS	PROOF	OF	FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING								
IALLAHASSEE FLORINA UNISION OF CAMPTAKA Let ALIMENT OF STATE Let ALIMENT OF STATE								

20 : EXAMINER'S INITIALS:

BECEINED