#### '2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L02000000758**

1. Entity Name DIAMOND LEASING, LLC SE D8



FILED
May 05, 2004 08:00 AM
Secretary of State

Principal Place of Business

100 VILLAGE SQUARE CROSSING, SUITE 105 PALM BEACH GARDENS, FL 33410 Mailing Address

100 VILLAGE SQUARE CROSSING, SUITE 105 PALM BEACH GARDENS, FL 33410



03192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0384274 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIETWYK, THOMAS R ESQUIRE 100 VILLAGE SQUARE CROSSING SUITE 105 PALM BEACH GARDENS, FL 33410

# DO NOT WRITE IN THIS SPACE

8.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, o	or both, in the State of Florida.	i am familiar with, and accept
	the obligations of registered agent.	•	
4			

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(14OTE Registered Agent signature required whon reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2004 

9.	MANAGING MEMBERS/MANAGERS		
nitee Name Street address City St 219	MGR RIETWYK, THOMAS R 100 VILLAGE SQUARE CROSSING, SUITE 105 PALM BEACH, FL 33410		
RITLE NAME STREET ADDRESS CHY ST ZIP			
NAME. 1: STREET ADDRESS CITY ST ZIP	graphs to the transfer of the same of the		
HILE NAME STREET ADDRESS CITY ST-ZIP			
NAME STREET ADDRESS CHY ST-ZIP	,		
TIBLE NAME STREET ADDRESS			

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate against 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 tractee expowered to execute this peport as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY ST ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORITEA REPRESENTATIVE

561-207-6100 3-31-2004\_\_\_\_\_

Daytime Phone #