

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000002585**

1. Entity Name  
**DIAMOND ONE INVESTMENTS, L.L.C.**



Principal Place of Business

**24 W. CHASE STREET  
PENSACOLA, FL 32502 US**

Mailing Address

**24 W. CHASE STREET  
PENSACOLA, FL 32502 US**

**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**75-2994514**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LOZIER, DANIEL R  
24 W. CHASE ST.  
PENSACOLA, FL 32502**

**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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**000000581299**  
**01/10/07-80082-012 50.00**

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DURNEY, MATTHEW W  
221 SOUTH BAYLAN STREET  
PENSACOLA, FL 32501**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

Date

Daytime Phone #

**1/4/07 850-432-9944**