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Secretary of State
07-21-2003 90089 019 ****50.00

7/21

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

55054033

DOCUMENT # L02000008713

1. Entity Name
DIAMOND HOSPITALITY, LLC

[redacted]

Principal Place of Business	Mailing Address
4431 NEW HAVEN AVE. WEST MELBOURNE FL 32904	4431 NEW HAVEN AVE. WEST MELBOURNE FL 32904

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4431 WEST NEW HAVEN AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST MELBOURNE	City & State
Zip: 32904 Country: U.S.A.	Zip Country

4. FEI Number: 043628130 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALACIOS, FERNANDO M ESQ 525 E. STRAWBRIDGE AVE. MELBOURNE FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE: AGNES NAME: Worbay Assistant STREET ADDRESS: 3692 mc loan Ave. CITY-ST-ZIP: Rockledge FL 32955 ☐ Delete	☐ Change ☐ Addition
TITLE: NAME: Philip Worbay Secretary STREET ADDRESS: 3692 mc loan AO CITY-ST-ZIP: Rockledge FL 32955 ☐ Delete	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	☐ Change ☐ Addition

CR2E083 (4/03)

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: SIGNATURE REQUIRED 7.13.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #