2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jul 08, 2004 8:00 am Secretary of State 07-08-2004 90011 011 ****50.00

ANNUAL REPORT (AR)									
DOCUMENT # L02000010989 1. Entity Name									
DIAMOND POINT, LLC									
Principal Place of Business	Mailing Address	. i							
4054 BEAVER LN., STE. 1 PORT CHARLOTTE FL 33952	4054 BEAVER LN., STE. 1 PORT CHARLOTTE FL 33952								

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Principal Plac	e of Business	Mailing Address							
4054 BEAVE PORT CHAR	ER LN., STE. 1 LLOTTE FL 33952	4054 BEAVER LN., ST PORT CHARLOTTE FL	E. 1 . 33952						
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2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	# etc	Suite, Apt. #, etc.							
озно, три		,			MC	OORE C	R2E083	(11/03)	
City & Stat	e .	City & State			4. FEI Number 0	1-0697994			plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		5.00 Add ee Required	
	6. Name and Address of Curr	rent Registered Agent			7. Name and Add	ress of New Reg	istered Ag	jent	
			Name						
WOTITZKY, HAL F ESQ 223 TAYLOR ST.			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
יוטיק	ITA GORDA FL 33950								
			City				FL	Zip Code	e
8. The above the obligat	named entity submits this stateme tions of registered agent.	nt for the purpose of changing its	registered office or I	registere	ed agent, or both, in	the State of Floric	ta. I am fa	miliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered a	agent and title if applicable. (NOT	E: Registered Agent signatur	e required	when reinstating)		DATE		
		FILE N	OW!!!.FEE IS \$5	0.00					n.
		Make Check Payab	le to Florida Dep	artmer	nt of State				
.*		Du Du	e By May 1, 2004		The second				
9.	* MANAGING ME	MBERS/MANAGERS	10.	₩. CH13635	Exhibiting independent	ADDITIONS/CI	HANGES		
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME '	STOUT, THEODORE,W		NAME			•			;
STREET ADDRESS	4059 BEAVER LN STE 1		STREET ADDRESS						
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE		ė		†	Change	☐ Addition
NAME	COBB, RODNEY		NAME			•			
STREET ADDRESS	44055 STATE RD 122E		STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP	RICHMOND IN 47374								
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition
NAME street address	COBB, JACK		NAME . : STREET ADDRESS						
CITY-ST-ZIP	EATON OH 45320		CITY-ST-ZIP			,			
	EATON 611 43320	☐ Delete	TITLE					☐ Change	Addition
TITLE NAME		7 Delete	NAME						Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			City-St-ZiP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME	1	Doice	NAME		•				
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME	1		NAME					-	
STREET ADDRESS	1		STREET ADDRESS]
CITY-ST-ZiP			CITY-ST-ZIP						
11. I hereby	certify that the information supplied	with this filing does not qualify fo	or the exemption state	d in Se	ection 119.07(3)(i), Flo	orida Statutes. I fu	urther certif	y that the ir	nformation

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:

D TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTA

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