


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90307 016 ****50.00

DOCUMENT # L02000017070

1. Entity Name
 KAY DIAMOND PRODUCTS, LLC



Principal Place of Business Mailing Address

1080 HOLLAND DR 1080 HOLLAND DR
 B2 B2
 BOCA RATON, FL 33487 BOCA RATON, FL 33487

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1080 HOLLAND DR 1080 HOLLAND DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 STE #2 STE #2

City & State City & State

BOCA RATON, FL BOCA RATON, FL

Zip Country Zip Country

33487 USA 33487 USA



03142007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

KAY, JOHN W
 6530 E. ROGERS CIR
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name KAY, JOHN W
 Street Address (P.O. Box Number is Not Acceptable)
 1080 HOLLAND DR
 Ste #2
 City BOCA RATON FL Zip Code 33487

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 filer, as applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KAY, JOHN	
STREET ADDRESS	4012 NW 24TH TERRACE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOW, ROBERT	
STREET ADDRESS	11 BECKLEY PL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOW, ROBERT	
STREET ADDRESS	9 BECKLEY PL	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ DATE: 3/14/07 DAYTIME PHONE #: 561-994-5400

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