

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029146

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: DIAMOND SQUARED VEHICLES, LC

**Current Principal Place of Business:**

1301 RIVER PLACE BLVD.  
SUITE 1609  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

367 WEST BLACKJACK BRANCH WAY  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

1301 RIVER PLACE BLVD.  
SUITE 1609  
JACKSONVILLE, FL 32207

**New Mailing Address:**

367 WEST BLACKJACK BRANCH WAY  
JACKSONVILLE, FL 32259

FEI Number: 59-3794920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEEK, EUGENE G III  
1301 RIVER PLACE BLVD.  
SUITE 1609  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

MULLENIX, DONALD G  
367 WEST BLACKJACK BRANCH WAY  
JACKSONVILLE, FL 32259 US

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.

SIGNATURE: DONALD G. MULLENIX

04/27/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: PEEK, EUGENE G III  
Address: 1301 RIVER PLACE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MULLENIX, DONALD G  
Address: 367 WEST BLACKJACK BRANCH WAY  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DONALD G. MULLENIX

MGRM

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date