2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# L03000012367

Entity Name: THE DIAMOND DISTRICT, LLC

Current Principal Place of Business:

26251 S. TAMIAMI TRAIL, STE 15
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

26251 S TAMIAMI TRL 15
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 51-0465138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SCHUSTERMAN, TODD E	
Address:	26251 S. TAMIAMI TRAIL, STE 15	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	MGRM	( ) Delete
Name:	SHERMAN, JASON	
Address:	26251 S. TAMIAMI TRAIL, STE 15	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	MGRM	( ) Delete
Name:	OMVK, INC.,	
Address:	631 S. OLIVE ST., #400	
City-St-Zip:	LOS ANGELES, CA 90014	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TODD E. SCHUSTERMAN MGRM 04/26/2008

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