


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90429 018 \*\*\*\*50.00

|   |                                 |  |   |   |  |
|---|---------------------------------|--|---|---|--|
| DOCUMENT # L03000034964   |                                 |  |   |  |  |
| 1. Entity Name<br>DIAMOND KEY, LLC  |                                 |  |   |   |  |
| Principal Place of Business<br>1515 RINGLING BOULEVARD, 10TH FLOOR<br>SARASOTA, FL 34236  |                                 |  | Mailing Address<br>1707 WHISPERING PINES DRIVE<br>LANSING, MI 48917 |   |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address                                   |   |   |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.                                  |   |   |  |
| City & State  |                                 | City & State   |   |   |  |
| Zip   | Country                         | Zip  | Country   |   |  |
| 4. FEI Number<br>56-2394851   |                                 |  |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |                                 |  |   |   |  |
| 6. Name and Address of Current Registered Agent   |                                 |  | 7. Name and Address of New Registered Agent                         |   |  |
| KEYSER, STEPHEN B<br>1515 RINGLING BLVD., 10TH FLOOR<br>SARASOTA, FL 34236  |                                 |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                 |  |   |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004   |                                 | Make check payable to<br>Florida Department of State |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                 |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | MGRM Eleanor C. Powell<br>1707 Whispering Pines Drive<br>Lansing, MI 48917        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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: <u>Eleanor C. Powell</u>   |                                 |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                 |  |   |   |  |
| Eleanor C. Powell   |                                 |  |   |   |  |