

## 01-13-2004 90041 009 \*\*\*\*\*50.00

 <b>Secretary of State</b> 01-13-2004 90041 009 ****50.00		L03000036997 1. Entity Name <b>DIAMOND EASTGATE, LLC</b>
Principal Place of Business <b>5030 HARBORTOWN LANE FORT MYERS, FL 33919</b>		Mailing Address <b>5030 HARBORTOWN LANE FORT MYERS, FL 33919</b>
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country
4. FEI Number <b>20-0221475</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00		
6. Name and Address of Current Registered Agent  <b>DIAMOND, RICHARD M 5030 HARBORTOWN LANE FORT MYERS, FL 33919</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>
<b>MANAGING MEMBERS/MANAGERS</b>		<b>ADDITIONS/CHANGES</b>
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DIAMOND, RICHARD M	
STREET ADDRESS	5030 HARBORTOWN LANE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DIAMOND, NANCY S	
STREET ADDRESS	5030 HARBORTOWN LANE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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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 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.		
<b>SIGNATURE:</b>		<b>Richard M. DIAMOND</b> 1/7/04      239-433-1412
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		