## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Jan 07, 2005 08:00 AM Secretary of State DOCUMENT # L03000036997 1. Entity Name DIAMOND EASTGATE, LLC Principal Place of Business Mailing Address **5030 HARBORTOWN LANE 5030 HARBORTOWN LANE** FORT MYERS, FL 33919 FORT MYERS, FL 33919 01042005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0221475 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAMOND, RICHARD M DO NOT WRITE 5030 HARBORTOWN LANE FORT MYERS, FL 33919 IN THIS SPACE 4. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME DIAMOND, RICHARD M STREET ADDRESS 5030 HARBORTOWN LANE CiTY-ST-7IP FORT MYERS, FL 33919 TITLE NAME DIAMOND, NANCY S U00000174385 STREET ADDRESS 5030 HARBORTOWN LANE 01/10/05-80008-010 55.00 CITY-ST-ZIP FORT MYERS, FL 33919 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ation 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 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 receiver or truffice empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the informat indicated on this report is true a limited liability company or

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