2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State
06-21-2006 90189 001 ****50.00

DOCUMENT # L03000037268

1. Entity Name
DIAMOND KEY OF SARASOTA, LLC

Principal Place of Business	Mailing Address
1515 RINGLING BLVD., 10TH FLOOR SARASOTA, FL 34236	~~4901 LUSTER LEAF LANE SARASOTA, FL 34241~~

06192006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		343 W. Royal Flamingo Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Sarasota FL	
Zip	Country	Zip: 34236	Country: USA

4. FEI Number: 56-2402387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KEYSER, STEPHEN B
1515 RINGLING BLVD., 10TH FLOOR
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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 ______________________
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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ~~POWELL, ELEANOR C~~ ~~4901 LUSTER LEAF LANE~~ ~~SARASOTA, FL 34241~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Eleanor Powell-Yoder 343 W. Royal Flamingo Dr. Sarasota, Fl. 34236	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marriage Certificate attached	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Eleanor Powell-Yoder 6/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
40096522
#L03000037268

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

*STATE OF FLORIDA, COUNTY OF SARASOTA
I hereby certify that the foregoing is a true and correct c
of pages ____ through ____ of the instrument filed i
this office. The original instrument filed contains ____
pages.
☒ This copy has no redactions. ☐ This copy has been
redacted pursuant to la
Witness my hand and official seal this 13 day of
December, 2004
KAREN E. RUSHING, CLERK OF THE CIRCUIT COURT
By: _____
Deputy Clerk

2004 ML 002649 NC

(APPLICATION NUMBER)

APPLICATION TO MARRY

1 GROOM'S NAME (First, Middle, Last): DONOVAN EUGENE YODER
2 DATE OF BIRTH (Month, Day, Year): 12/01/1948
3a RESIDENCE - CITY, TOWN, OR LOCATION: SARASOTA
3b. COUNTY: SARASOTA
3c STATE: FLORIDA
4 BIRTHPLACE (State or Foreign Country): INDIANA
5a BRIDE'S NAME (First, Middle, Last): ELEANOR CAROLYN POWELL
5b MAIDEN SURNAME (If different): POWELL
6 DATE OF BIRTH (Month, Day, Year): 06/19/1945
7a RESIDENCE - CITY, TOWN, OR LOCATION: SARASOTA
7b COUNTY: SARASOTA
7c STATE: FLORIDA
8 BIRTHPLACE (State or Foreign Country): MASSACHUSETTS

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR A LICENSE TO MARRY

9 SIGNATURE OF GROOM (Sign full name using black ink): Donovan Yoder
10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE): 11/5/2004
11 TITLE OF OFFICIAL: DEPUTY CLERK
12 SIGNATURE OF OFFICIAL: [signature]

13 SIGNATURE OF BRIDE (Sign full name using black ink): Eleanor Powell
14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE): 11/5/2004
15 TITLE OF OFFICIAL: DEPUTY CLERK
16 SIGNATURE OF OFFICIAL: [signature]

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GRANTED FOR ANY LAWFULLY AUTHORIZED PERSON TO SOLEMNIZE THIS MARRIAGE. THIS LICENSE MUST BE USED IN A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE OR IT IS VOID. IF RECORDED AND VALID

17 COUNTY ISSUING LICENSE: SARASOTA
18 DATE LICENSE ISSUED: 11/05/2004
18a. DATE LICENSE EFFECTIVE: 11/08/2004
18b EXPIRATION DATE: 01/07/2005
20a SIGNATURE OF COURT CLERK OR JUDGE: Karen E. Rushing
20b TITLE: KAREN RUSHING, CLERK CIRCUIT COURT
20c B.C.C.

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN SARASOTA COUNTY, STATE OF FLORIDA

21 DATE OF MARRIAGE (Month, Day, Year): December 2, 2004
22 CITY, TOWN OR LOCATION MARRIED: Sarasota
23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use Black Ink): Lloyd Earl Outland
23b NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp): LLOYD EARL OUTLAND, JR. Comm# DD0913290 Expires 4/28/2008
24 SIGNATURE OF WITNESS TO CEREMONY (Use Black Ink): Juliana Bernard

SEAL

47-2918

	29 SOCIAL SECURITY NUMBER	31 RACE	32 WERE YOU EVER PREVIOUSLY MARRIED?	33 HOW MANY MARRIAGES ENDED	34 HOW LAST MARRIAGE ENDED	35 DATE LAST MARRIAGE ENDED (Mo. Day. Year)
GROOM	312-58-5902	White	☐ NO ☒ YES	2	Divorce	05/23/2002
BRIDE	30 SOCIAL SECURITY NUMBER: 030-34-6537	31 RACE: White	32 WERE YOU EVER PREVIOUSLY MARRIED? ☐ NO ☒ YES	4	Divorce	07/25/1996

OH Form 743,April 98 (Replaces Feb 91 edition)