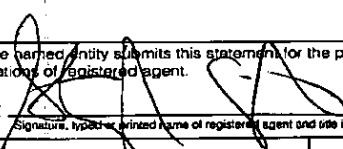
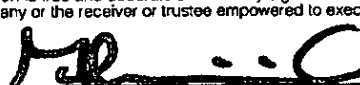
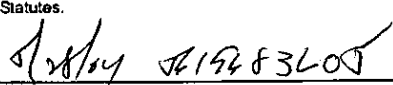


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 90133 044 ****50.00

DOCUMENT # L03000039422					
1. Entity Name DIAMOND LAKE INVESTORS LLC					
Principal Place of Business C/O GARY SMIGIEL, LC-ATTN: GARY SMIGIEL 7965 LANTANA RD. LAKE WORTH, FL 33467			Mailing Address C/O GARY SMIGIEL, LC-ATTN: GARY SMIGIEL 7965 LANTANA RD. LAKE WORTH, FL 33467		
2. Principal Place of Business 7965 Lantana Rd Suite, Apt. #, etc. Lake Worth FL		3. Mailing Address P.O. Box 540623 Suite, Apt. #, etc. Lake Worth FL			
City & State 33467 FL		City & State Lake Worth FL		02102004 Chg-LLC CR2E/33 (10/03)	
Zip 33467		Zip 33467		4. FEI Number 02-120623	
Country US		Country US		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMOUR, ALAN III 1645 PALM BEACH LAKES BLVD., STE. 1200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent STEPHANIE WINSTON 624 Southwind Circle #1 N. Palm Beach FL 33408		
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  DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Gary Smigiel P.O. Box 540623, Lake Worth FL 33454	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member C. H. Consulting, Inc. 6534 Rock Creek Drive Lake Worth, FL 33467	☐ 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
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 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:  MANAGING MEMBER  DATE _____ DAYTIME PHONE # _____					