2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/12

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-12-2004 90024 036 ****55.00

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1. Entity Name
10 DIAMONDS LLC

Principal Place of Business	Mailing Address
C/O THE RELATED COMPANIES, L.P. 652 MADISON AVENUE NEW YORK, NY 10022	C/O THE RELATED COMPANIES, L.P. 652 MADISON AVENUE NEW YORK, NY 10022
2. Principal Place of Business: 1590 S.W. Fourth Circle	3. Mailing Address: 1590 S.W. Fourth Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33486 Country	Zip: 33486 Country

03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-0604462 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
Name: Jennifur T. Diamond
Street Address (P.O. Box Number is Not Acceptable): 1590 S.W. Fourth Circle
City: Boca Raton FL Zip Code: 33486

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00. Due by May 1, 2004.

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: Jennifur T. Diamond STREET ADDRESS / CITY-ST-ZIP: 1590 S.W. Fourth Circle, Boca Raton, FL 33486	☐ Change ☐ Addition
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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: ________________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #