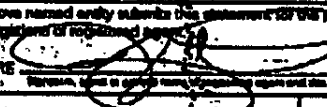
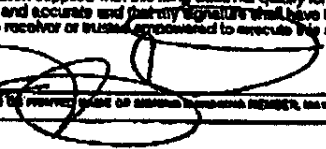


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/11

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90024 036 ****55.00

DOCUMENT # L03000054942			
1. Entity Name 10 DIAMONDS LLC			
Principal Place of Business C/O THE RELATED COMPANIES, L.P. 652 MADISON AVENUE NEW YORK, NY 10022		Mailing Address C/O THE RELATED COMPANIES, L.P. 652 MADISON AVENUE NEW YORK, NY 10022	
2. Principal Place of Business 1590 S.W. Fourth Circle State, Apt. #, etc.		2. Mailing Address 1590 S.W. Fourth Circle State, Apt. #, etc.	
City & State Boca Raton, FL Zip 33486 Country		City & State Boca Raton, FL Zip 33486 Country	
3. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32309-2555		4. FEI Number 20-0604462 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of New Registered Agent Name Jennifer T. Diamond Street Address (P.O. Box Number is Not Acceptable) 1590 S.W. Fourth Circle City Boca Raton State FL Zip 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 limited partner, and accept the obligations of registered agent.			
SIGNATURE  (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$65.00 Due by May 1, 2004			
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
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
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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)(b), 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 605, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/Mo/Yr			