


FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90175 004 ****55.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000015662 1. Entity Name R. DIGGS CONSULTING SERVICES, LLC			20010348
Principal Place of Business 7595 BAYMEADOWS CIRCLE W., NO. 2042 JACKSONVILLE, FL 32256		Mailing Address 7595 BAYMEADOWS CIRCLE W., NO. 2042 JACKSONVILLE, FL 32256	
2. Principal Place of Business 236 S Hampton Club Way <small>Subd., Apt. #, etc.</small>		3. Mailing Address 236 S Hampton Club Way <small>Subd., Apt. #, etc.</small>	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32092-1028	Country St. Johns	Zip 32092-1028	Country St. Johns
4. FEI Number 243 62 8233		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIGGS, RAYMOND SR. 7595 BAYMEADOWS CIRCLE W., NO. 2042 JACKSONVILLE, FL 32256 236 S. Hampton Club Way St. Augustine, FL 32092-1028		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: <u>Raymond Diggs Sr</u> DATE: <u>2-11-05</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when amending)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Raymond Diggs Sr 236 S. Hampton Club Way St. Augustine, FL 32092-1028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Raymond Diggs Sr 236 S. Hampton Club Way St. Augustine, FL 32092-1028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Raymond Diggs Sr 236 S. Hampton Club Way St. Augustine, FL 32092-1028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.			
SIGNATURE: <u>Raymond Diggs Sr</u>		DATE: <u>2-11-05</u>	