


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000023624
 1. Entity Name
DIAMONDS, LLC



Principal Place of Business
19429 40TH CT
SUNNY ISLES, FL 33160

Mailing Address
19429 40TH CT
SUNNY ISLES, FL 33160



03092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
75-3151464 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOPEZ, PATRICIA
19429 40TH CT
SUNNY ISLES, FL 33160

DO NOT WRITE IN THIS SPACE

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's signature required when terminating)

Filing Fee is \$50.00 Due by May 1, 2006

03/22/06 80064-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, PATRICIA 19429 40TH CT SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FONSECA, MARIA I 19429 40TH CT SUNNY ISLES, FL 33160
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 908, Florida Statutes.

SIGNATURE: *Patricia Lopez* *March 10/06*
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #