

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039421

Entity Name: DIAMOND FUNDING, LLC

FILED
Aug 20, 2005
Secretary of State

Current Principal Place of Business:

36181 EAST LAKE ROAD, SUITE 385
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

36181 EAST LAKE ROAD, SUITE 385
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 41-2138334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PROVENCE, TERRY
Address: 36181 EAST LAKE ROAD, SUITE 385
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM () Delete
Name: EICHHOF, ARNOLD
Address: 36181 EAST LAKE ROAD, SUITE 385
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PROVENCE, TERRY
Address: 3905 UPOLO LN
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TERRY E. PROVENCE

MGRM

08/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date