FILED Aug 01, 2005 8:00 am Secretary of State

2005	LIMII	ED L	'IARILI	IY	COMP	'ANY
	A	NNU	AL REI	POR	T	

DOCUMENT # L04000039871 1. Entity Name DIAMOND FAST LLC									08-01-2005 90093 022 ****55.00						
Principal Place of Business Mailing Address 2525 MARINA BAY DRIVE, SUITE 203 2525 MARINA BAY DRIVE						ve, suit	E 203								
FT. LAUDERD	OALE, FL 3:	3312	FT. LAUDERDALE, FL 33312						. 	4† 1 (1) (85)					
2. Principal P	lace of Busin		3. Mailing Address												
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			06222005	Chg-LLC	CR28	E083 (10/03)							
City & State	е		City & State				4. FEI Numb	192735	,	1	plied For t Applicable				
Zip	Zip Country			Zip C		Coun	try				\$5.00 Additional Fee Required				
	6. Name	and Address of	Current R						7. Name and Address of New Registered Agent						
CORPORA	ATION SE	RVICE COMP	ANY						Roxanne Hurlburt						
1201 HAYS	S STREE		Sireet Address 2525 Mai				ddress (I Mari	(P.O. Box Number is Not Acceptable) Ina Bay Drive, Suite 203							
							City					■ Zin Code			
B. The above	named entit	y submits this state	ement for	the purpose	of changing its	registere	Г		iderdale ed agent, or bo	th, in the State of F	lorida. Lar	h familiar with.	and accept		
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. Roxanne Hurlburt															
	Signature, typed	or printed name of registe	ered agent an	d title if applicab	le. (NOTE	Registere	d Agent signati	ure required	when reinstating)		DATE	•			
Filing Fee is \$50.00 Due by September 7: 2005												payable to ment of State			
9.	· · · · · ·	MANAGING	MEMBER	S/MANAGE	RS	10.				ADDITION	S/CHANGE	:S			
) TITLE NAME	MGRM 4				⊠ Delete	TITLE		MGRN				☐ Change	Addition		
STREET ADDRESS	CROW DAY LLC RESS 2525 MARINA BAY DRIVE, SUITE 203								n G. Hurlburt NE 8th Terrace #102						
CITY-ST-ZIP	FT. LAUD	ERDALE, FL 33	3312			CITY	-ST-ZIP	Ft. La	uderdale, Fl	33334					
TITLE NAME	Ĺ				☐ Delete	TITLE NAMI						Change	Addition		
STREET ADDRESS CITY-ST-ZIP	7.	:				STRE	ET ADDRESS •St-ZIP								
TITLE					☐ Delete	TITLE						☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP							E E1 address • S1 - Zip								
TITLE					☐ Defete	TITLE						☐ Change	☐ Addition		
NAME						NAM	ı								
STREET ADDRESS CITY-ST-ZIP							ET ADORESS - ST - ZIP								
TITLE NAME					Delete	TITLE						Change	Addition		
STREET ADDRESS							ET ADDRESS								
CITY-ST-ZIP						CITY-	-ST-ZIP								
TITLE NAME					☐ Delete	NAME						☐ Change	☐ Addition		
STREET ADDRESS						STRE	ET ADDRESS ST-ZIP								
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.											formation r of the				
11 11 to 2/2/2															
SIGNATURE: Kevin G. Hurlburt, Managing Member 129/03 954-321-1457											57				