


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90271 036 ***138.75

DOCUMENT # L04000043336					
1. Entity Name DIAMOND G, LLC					
Principal Place of Business 5903-1 SOLOMON RD. JACKSONVILLE, FL 32234			Mailing Address 5903-1 SOLOMON RD. JACKSONVILLE, FL 32234		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02142008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-1541407	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, MICHAEL 14770 NORMANDY BOULEVARD JACKSONVILLE, FL 32234			7. Name and Address of New Registered Agent Name <u>Griffin Michael</u> Street Address (P.O. Box Number is Not Acceptable) <u>5903-1 Solomon Rd</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32234</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFIN, MICHAEL 14770 NORMANDY BOULEVARD JACKSONVILLE, FL 32234	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Griffin Michael 5903-1 Solomon Rd Jacksonville FL 32234
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 608, Florida Statutes.					
SIGNATURE: <u>D.R. Griffin</u>			Date <u>3/3/08</u> Daytime Phone # <u>904-289-9331</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					