

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047727

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: POLIN DIAMOND SANDS,LLC

**Current Principal Place of Business:**

3300 UNIVERSITY DRIVE STE. 601  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

3300 UNIVERSITY DRIVE STE. 304  
CORAL SPRINGS, FL 33065 US

**Current Mailing Address:**

3300 UNIVERSITY DRIVE STE. 601  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

3300 UNIVERSITY DRIVE STE. 304  
CORAL SPRINGS, FL 33065 US

FEI Number: 20-2813275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLIN, ALAN J  
3300 UNIVERSITY DRIVE STE. 601  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

POLIN, ALAN J  
3300 UNIVERSITY DRIVE STE. 304  
CORAL SPRINGS, FL 33065 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:

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POLIN, ALAN J  
Address: 3300 UNIVERSITY DRIVE STE. 601  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: POLIN, ALAN J  
Address: 3300 UNIVERSITY DRIVE STE. 304  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALAN J. POLIN

MGRM

04/27/2007

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