2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS CITY-SI-ZIP

, Mar 24, 2008 08:00 A Secretary of State DOCUMENT # L04000069562 1. Entity Name DIAMOND SANDS SOUTH Principal Place of Business Mailing Address **6800 GLENEAGLE DRIVE** 6800 GLENEAGLE DRIVE MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 03192008 No Chq-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1662269 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASAGRANDE, JACK DO NOT WRITE 6800 GLENEAGLE DRIVE MIAMI LAKES, FL 33014 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** Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE CASAGRANDE, JACK NAME STREET ADDRESS 6800 GLENEAGLE DRIVE CITY-ST-ZIP MIAMI LAKES, FL 33014 MGR U00000868696 CASAGRANDE, ANNA NAME 04/09/08-80019-011 138.75 6800 GLEN EAGLE DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IIIIE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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.

FILED