


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000069571	
1. Entity Name DIAMOND SANDS NORTH, L.L.C	

Principal Place of Business 6800 GLENEAGLE DRIVE MAIMI LAKES, FL 33014	Mailing Address 6800 GLENEAGLE DRIVE MAIMI LAKES, FL 33014
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DO NOT WRITE IN THIS SPACE



01092007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1662198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CASAGRANDE, JACK 6800 GLENEAGLE DRIVE MIAMI LAKES, FL 33014
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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 _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASAGRANDE, JACK 6800 GLENEAGLE DRIVE MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASSAGRANDE, ANNA 6800 GLEN EAGLE DRIVE MIAMI LAKES, FL 33034
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01/18/07-80002-009 50.00

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 689, Florida Statutes

SIGNATURE: <u>JACK R. CASAGRANDE</u>	Date: <u>1/12/07</u>	Daytime Phone #: <u>954 543-9100</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		