

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069571

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: DIAMOND SANDS NORTH, L.L.C

**Current Principal Place of Business:**

6800 GLENEAGLE DRIVE  
MAIMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6800 GLENEAGLE DRIVE  
MAIMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 20-1662198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASAGRANDE, JACK  
6800 GLENEAGLE DRIVE  
MIAMI LAKES, FL 33014 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CASAGRANDE, JACK  
Address: 6800 GLENEAGLE DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete  
Name: CASSAGRANDE, ANNA  
Address: 6800 GLEN EAGLE DRIVE  
City-St-Zip: MIAMI LAKES, FL 33034

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: CASSAGRANDE, ANNA  
Address: 6800 GLEN EAGLE DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

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: JACK R. CASAGRANDE

MGR

02/23/2009

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