

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000071876

1. Entity Name
FOUR DIAMOND, LLC



Principal Place of Business
**6249 PRESIDENTIAL COURT
SUITE B
FORT MYERS, FL 33919**

Mailing Address
**6249 PRESIDENTIAL COURT
SUITE B
FORT MYERS, FL 33919**



01302006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0413631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEDWARD, JEFFREY C
6249 PRESIDENTIAL COURT
SUITE B
FORT MYERS, FL 33919**

**DO NOT WRITE
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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

B. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEDWARD, JEFFREY C
6249 PRESIDENTIAL COURT
FORT MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BURKE, HAROLD J
P.O. BOX 1282
FORT MYERS, FL 33902**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000461509
03/20/06-80054-012 50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JEFFREY C LEDWARD

3/6/06

239 489 1011