2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED 1/3/00 **DOCUMENT # L04000079012** B-Y-B GOLD AND DIAMONDS LLC 06 JAN 13 PH 12: 39 SECREMANY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 501 W. LEMON ST. PO BOX 50 LAKELAND, FL 33815 LAKELAND, FL 33802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Chg-LLC CR2E083 (11/05) City & State City & State 4 FEI Number Applied For 77-0652054 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTLER, DANIEL Street Address (P.O. Box Number is Not Acceptable) 501 W. LEMON ST. LAKELAND, FL 33815 Zip Code 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 reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change Addition NAME BAHENA, FRANCISCO NAME PO BOX 50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 3380250 CITY-ST-ZIP TITLE MGRM ☐ Delete TIT1 F ☐ Change ☐ Addition BUTLER, DANIEL NAME NAME PO BOX 50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 3380250 CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **800063673068** 01/13/06--01024--008 ***50 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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. 1.13.06 SIGNATURE: Child Little SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 863-687-4466