2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000089804

1. Entity Name
3 DIAMONDS DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
501 ST. JOHNS AVENUE PALATKA, FL 32177	501 ST. JOHNS AVENUE PALATKA, FL 32177

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04062006No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2492538
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, RONALD E
501 ST. JOHNS AVENUE
PALATKA, FL 32177

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000500216
04/25/06-80013-019 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	PD
NAME	SCRUGGS, JOSEPH D
STREET ADDRESS	P.O. BOX 1031
CITY-ST-ZIP	PALATKA, FL 32178
TITLE	DST
NAME	ANDREWS, JAMES D
STREET ADDRESS	P.O. BOX 1031
CITY-ST-ZIP	PALATKA, FL 32178
TITLE	D
NAME	CLARK, RONALD E
STREET ADDRESS	P.O. BOX 2138
CITY-ST-ZIP	PALATKA, FL 32178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joseph D Scruggs 4/6/06 386 328 7477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #