


**2007 LIMITED LIABILITY COMPANY -
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000089804 1. Entity Name 3 DIAMONDS DEVELOPMENT, LLC	
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Principal Place of Business 501 ST. JOHNS AVENUE PALATKA, FL 32177	Mailing Address 501 ST. JOHNS AVENUE PALATKA, FL 32177
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DO NOT WRITE IN THIS SPACE



01122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2492538	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARK, RONALD E 501 ST. JOHNS AVENUE PALATKA, FL 32177

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCRUGGS, JOSEPH D P.O. BOX 1031 PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ANDREWS, JAMES D P.O. BOX 1031 PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, RONALD E P.O. BOX 2138 PALATKA, FL 32178
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<p>U000000667607 03/26/07-80035-007 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 3/12/07 3863287474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #