


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000089804</b> 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**



04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2492538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000888964  
04/22/08-80035-002 138.75

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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

4/7/08  
Date

Daytime Phone #