2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# L04000090962

Entity Name: DIAMOND PROPERTIES, LLC

Current Principal Place of Business:

4660 S.W. 158 AVE.
MIAMI, FL

New Principal Place of Business:

4660 S.W. 158 AVE.
MIAMI, FL 33185 US

Current Mailing Address:

4660 S.W. 158 AVE.
MIAMI, FL

New Mailing Address:

4660 S.W. 158 AVE.
MIAMI, FL 33185 US

FEI Number: 30-0295985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZORRILLA, RAYMOND
4660 S.W. 158 AVE.
MIAMI, FL US

Name and Address of New Registered Agent:

ZORRILLA, RAYMOND
4660 S.W. 158 AVE.
MIAMI, FL 33185 US

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.

SIGNATURE: RAYMOND ZORRILLA 03/11/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: ZORRILLA, RAYMOND
Address: 4660 S.W. 158 AVE.
City-St-Zip: MIAMI, FL

Title: MGR ( ) Delete
Name: ZORRILLA, DIANA
Address: 4660 S.W. 158 AVE.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ZORRILLA, RAYMOND
Address: 4660 S.W. 158 AVE.
City-St-Zip: MIAMI, FL 33185 US

Title: MGR (X) Change ( ) Addition
Name: ZORRILLA, DIANA
Address: 4660 S.W. 158 AVE.
City-St-Zip: MIAMI, FL 33185 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYMOND ZORRILLA MGR 03/11/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date