

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90088 003 \*\*\*\*50.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # L05000002417</b>  |   |  |  |   |  |
| <b>1. Entity Name</b><br>DIAMOND PUBLISHING LLC   |   |  |  |   |  |
| <b>Principal Place of Business</b><br>2080 BOCA RATON BLVD.<br>6<br>BOCA RATON, FL 33431  |   |  | <b>Mailing Address</b><br>2080 BOCA RATON BLVD.<br>6<br>BOCA RATON, FL 33431 |   |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>                                    |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   | Country   | Zip  | Country  | 02022006    Chg-LLC    CR2E083 (11/05)                            |  |
| <b>4. FEI Number</b><br>20-2204948  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required   |   |  |  | <b>6. Name and Address of Current Registered Agent</b>            |  |
| LAING, CHAD R<br>3351 NW BOCA RATON BLVD<br>BOCA RATON, FL 33431  |   |  |  | <b>7. Name and Address of New Registered Agent</b>                |  |
| Name  |   |  |  | Street Address (P.O. Box Number is Not Acceptable)                |  |
| City  |   |  |  | FL    Zip Code  |  |
| <b>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.</b>  |   |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing)    DATE _____  |   |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GUTIERREZ, MANUEL<br>2080 BOCA RATON BLVD, SUITE 6<br>BOCA RATON, FL 33431 |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b> <i>Mal A. [Signature]</i>   |   |  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #  |   |  |  |   |  |

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ATTACHMENT

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FLORIDA DEPARTMENT OF STATE

Division of Corporations

February 10, 2006

DIAMOND PUBLISHING LLC  
2080 BOCA RATON BLVD.  
6  
BOCA RATON, FL 33431

Subject: **DIAMOND PUBLISHING LLC**

Reference Number: **L05000002417**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM  
ANNUAL REPORTS SECTION