2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# L05000059651

Entity Name: DIAMOND DIVERS, LLC

Current Principal Place of Business:

60 MARINA AVE.
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 306
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 20-3001527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STADLER, DARRELL
60 MARINA AVENUE
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGGM ( ) Delete
Name: SAMULIN, BRUCE S
Address: 5019 AVENUE AVIGNON
City-St-Zip: LUTZ, FL 33558

Title: MGRM ( ) Delete
Name: STADLER, DARRELL L
Address: 60 MARINA AVE.
City-St-Zip: KEY LARGO, FL 33037

Title: MGRM (X) Delete
Name: STADLER, CYNTHIA A
Address: 60 MARINA AVE.
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES:

Title: MGGM (X) Change ( ) Addition
Name: STADLER, DARRELL L
Address: 60 MARINA AVE
City-St-Zip: KEY LARGO, FL 33037

Title: MGRM (X) Change ( ) Addition
Name: STADLER, CYNTHIA A
Address: 60 MARINA AVE.
City-St-Zip: KEY LARGO, FL 33037

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DARRELL STADLER MGRM 03/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date