

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000088100

**FILED**  
**Mar 02, 2007**  
**Secretary of State**

**Entity Name:** DIAMOND AT MONROE PHASE II, LLC

**Current Principal Place of Business:**

2065 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

401 E. VIRGINIA STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

2065 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

P.O. BOX 547  
TALLAHASSEE, FL 32302

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PROCTOR, THOMAS C JR.  
2065 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

PROCTOR, THOMAS C JR.  
401 E. VIRGINIA STREET  
TALLAHASSEE, FL 32301 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: THOMAS C. PROCTOR, JR.

03/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: BLACK DIAMOND, LLC,  
Address: 401 E. VIRGINIA STREET  
City-St-Zip: TALLAHASSEE, FL 32301

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: THOMAS C. PROCTOR, JR.

MGR

03/02/2007

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