# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Jul 03, 2006 8:00 am**
**Secretary of State**
05-11-2006 90017 046 ****55.00

DOCUMENT # L05000104953

1. Entity Name

DIAMOND REEF, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1921 S. PALMETTO AVE.<br>SOUTH DAYTONA FL 32119 | 1921 S. PALMETTO AVE.<br>SOUTH DAYTONA FL 32119 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. Ronald A. Zoske | Suite, Apt. Ronald A. Zoske |
| 1921 S. Palmetto Avenue | 1921 S. Palmetto Avenue |
| City & State South Daytona, FL 32119 | City & State South Daytona, FL 32119 |
| Zip / Country | Zip / Country |

1st MOORE CR2E083 (10/05)

336-30-3555

4. FEI Number L05000104953 LLC ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ZOSKE, RONALD A<br>1921 S. PALMETTO AVE.<br>SOUTH DAYTONA FL 32119 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 Ronald A. Zoske RONALD A. ZOSKE 5/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

386-290-6740
386-756-3338
manager / owner

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2006**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Ronald A. Zoske<br>1921 S. Palmetto Avenue MANAGING PARTNER<br>South Daytona, FL 32119 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EDMUND R. RANCOURT ☐ Delete<br>817 HAIL COURT PARTNER<br>PORT ORANGE, FL. 32127 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 386-235-6023 Cell ☐ Delete<br>386-760-5001<br>386-788-2552 office | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

386-756-3338

**SIGNATURE:** Ronald A. Zoske 5/6/06 386-290-6740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #