


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 24, 2007 8:00 am
Secretary of State

04-24-2007 90107 024 ****50.00

DOCUMENT # L05000110598 1. Entity Name DIAMOND SHORES GROUP, LLC					
Principal Place of Business 975 6TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102 US			Mailing Address 975 6TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1256241	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUCHTEN, DEMIAN M 975 6TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE <u><i>Demian M. Kruchten</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRUCHTEN, K. PATRICK 140 PALM STREET, PH-1 MARCO ISLAND, FL 34145			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRUCHTEN, DEMIAN M 975 6TH AVENUE SOUTH, SUITE 200 NAPLES, FL 34102			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, BRUCE P.O. BOX 38 OTTERTAIL, MN 56571			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, BRUCE P.O. BOX 38 OTTERTAIL, MN 56571			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, BRUCE P.O. BOX 38 OTTERTAIL, MN 56571			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, BRUCE P.O. BOX 38 OTTERTAIL, MN 56571			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, BRUCE P.O. BOX 38 OTTERTAIL, MN 56571			<input type="checkbox"/> Delete	
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 606, Florida Statutes.					
SIGNATURE: <u><i>Demian M. Kruchten</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u><i>(239) 795-8962</i></u> <small>Daytime Phone #</small>	

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/24/2007-90107-024-\$50.00-\$50.00

DOCUMENT # L05000110598 1. Entity Name DIAMOND SHORES GROUP, LLC						<div style="font-size: 2em; font-weight: bold; text-align: center;">ATTACHMENT</div> <div style="font-size: 1.5em; text-align: center;">30008637</div>	
Principal Place of Business 975 6TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102 US				Mailing Address 975 6TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-1256241				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KRUCHTEN, DEMIAN M 975 6TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u>Demian M. Kruchten</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>April 11, 2007</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRUCHTEN, K. PATRICK 140 PALM STREET, PH-1 MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRUCHTEN, DEMIAN M 975 6TH AVENUE SOUTH, SUITE 200 NAPLES, FL 34102 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARR, BRUCE P.O. BOX 38 OTTERTAIL, MN 56571 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.							
SIGNATURE:							