

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115438

Entity Name: MAXDIAMOND LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

2295 NW CORPORATE BOULEVARD, SUITE 235
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2295 NW CORPORATE BOULEVARD, SUITE 235
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-4526148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLOYD GRANET, P.A.
2295 NW CORPORATE BOULEVARD, SUITE 235
BOCA RATON, FL 33431 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: MGR () Delete
Name: BERNSTEIN, HOWARD
Address: 7226 AYRSHIRE LANE
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGR () Delete
Name: BERNSTEIN, MAXINE
Address: 7226 AYRSHIRE LANE
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGR () Delete
Name: BERNSTEIN, CRAIG J
Address: 7226 AYRSHIRE LANE
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG J. BERNSTEIN

MGR

04/27/2009

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