

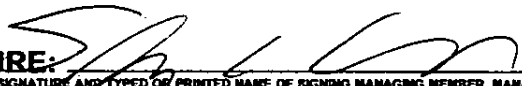


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90344 009 \*\*\*\*50.00

<b>DOCUMENT # L06000030810</b> 1. Entity Name <b>BLACK DIAMOND MANAGEMENT LLC</b>			
Principal Place of Business <b>1037 STATE RD 7</b> <b>STE 111</b> <b>WELLINGTON, FL 33414 US</b>		Mailing Address <b>1037 STATE RD 7</b> <b>STE 111</b> <b>WELLINGTON, FL 33414 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1035 State Road 7</b> Suite, Apt. #, etc. <b>Suite 316</b> City & State <b>Wellington FL</b> Zip <b>33414</b> Country <b>US</b>		3. Mailing Address <b>1035 State Road 7</b> Suite, Apt. #, etc. <b>Suite 316</b> City & State <b>Wellington FL</b> Zip <b>33414</b> Country <b>US</b>	
			
		02212007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number <b>20-4576644</b>	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHING, SHIH CHENG</b> <b>1037 STATE RD 7</b> <b>STE 111</b> <b>WELLINGTON, FL 33414</b>		7. Name and Address of New Registered Agent Name <b>Ching, Shih Cheng</b> Street Address (P.O. Box Number is Not Acceptable) <b>1035 State Road 7</b> <b>Suite 316</b> City <b>Wellington FL 33414 FL</b> Zip Code <b>33414</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGR <b>CHING, SHIH CHENG</b> <input type="checkbox"/> Delete	TITLE	MGR <b>Ching, Shih Cheng</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHING, SHIH CHENG</b>	NAME	<b>Ching, Shih Cheng</b>
STREET ADDRESS	<b>1037 STATE RD 7 STE 111</b>	STREET ADDRESS	<b>1035 State Road 7 Suite 316</b>
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>	CITY-ST-ZIP	<b>Wellington FL 33414</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
<b>SIGNATURE:</b> 		<b>Shih C. Ching</b> <b>561-791-1637</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	