

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071612

Entity Name: BLACK DIAMOND, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

401 E. VIRGINIA ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

401 E. VIRGINIA ST.
TALLAHASSEE, FL 32301

New Mailing Address:

P.O. BOX 547
TALLAHASSEE, FL 32302

FEI Number: 20-5221132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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: MGRM () Delete
Name: SUPER-HOLDINGS INVES, TMENTS, L.L.C.
Address: 401 EAST VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 323011267

Title: MGRM () Delete
Name: PROCTOR, LEROY C
Address: 401 E. VIRGINIA ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Delete
Name: LAFAYETTE PROPERTIES, PARTNERSHIP, L LP
Address: P.O. BOX 547
City-St-Zip: TALLAHASSEE, FL 32302

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: THOMAS C. PROCTOR JR.

PD

04/30/2008

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