


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90076 029 ***138.75

DOCUMENT # L06000117703 1. Entity Name DIAMOND K, LLC																																																																																																																																			
Principal Place of Business 203 U.S. HIGHWAY 27 SOUTH SEBRING, FL 33870			Mailing Address 203 U.S. HIGHWAY 27 SOUTH SEBRING, FL 33870																																																																																																																																
2. Principal Place of Business - No P.O. Box # 4015 Stiles Lane		3. Mailing Address 4015 Stiles Lane																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State Sebring, FL		City & State Sebring, FL		4. FEI Number 83-0356302																																																																																																																															
Zip 33875		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent LASMAN, JEFFREY M ESQ. LASMAN LAW FIRM, P.A 6152 DELANCEY STATION STREET, SUITE 205 RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WALDRON, DAVID K</td> <td></td> <td>NAME</td> <td>WALDRON, DAVID K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>203 U.S. HIGHWAY 27 SOUTH</td> <td></td> <td>STREET ADDRESS</td> <td>4015 Stiles Lane</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBRING, FL 33870</td> <td></td> <td>CITY-ST-ZIP</td> <td>Sebring, FL 33875</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WALDRON, KIMBERLEE A</td> <td></td> <td>NAME</td> <td>WALDRON, KIMBERLEE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>203 U.S. HIGHWAY 27 SOUTH</td> <td></td> <td>STREET ADDRESS</td> <td>4015 Stiles Lane</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBRING, FL 33870</td> <td></td> <td>CITY-ST-ZIP</td> <td>Sebring FL 33875</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WALDRON, DAVID K		NAME	WALDRON, DAVID K		STREET ADDRESS	203 U.S. HIGHWAY 27 SOUTH		STREET ADDRESS	4015 Stiles Lane		CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	Sebring, FL 33875		TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WALDRON, KIMBERLEE A		NAME	WALDRON, KIMBERLEE A		STREET ADDRESS	203 U.S. HIGHWAY 27 SOUTH		STREET ADDRESS	4015 Stiles Lane		CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	Sebring FL 33875		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		
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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: <u>Kim Waldron</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																			
				<small>Date</small>																																																																																																																															
				<small>Daytime Phone #</small>																																																																																																																															