2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 30, 2008 8:00 am Secretary of State

DOCUMENT # L07000042515 1. Entity Name BLACK DIAMOND CONDO LLC							01 30 2000 3	90092 009 ***13	6.75
Principal Place of Business 16180 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 US			Mailing Address 16180 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 US			1178204 011	BBIRI FBBJI BBIJI BBIJI BBIJ	L BRIVI BURIA 11806 RIJA 1100 I	ALI du e iin i cu i
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01162008	Chg-LLC	CR2E083 (12/06))	
City & State			City & State		4. FEI Numbe 20 -	8888801	├	pplied For lot Applicable	
Zip	Country Zip			Coun	itry	5. Certificate	of Status Desired	□ \$5.00 Ac Fee Requir	
	6. Name	and Address of Current R	legistered Agent		Name	7. Name and	Address of New R	egistered Agent	
FRIESEN, GARTH 16180 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445					Name				
					Street Address (P.O. Box Number is Not Acceptable)				
					City			FL Zip Co	de
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 the obligations of registered agent.								, and accept	
SIGNATURE .									
	Signature, typed	or printed name of registered agent ar	d title if applicable. (NOTI	E: Registere	d Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								e check payable to Department of Sta	te
9.	MANAGING MEMBERS/MANAGERS					· · · · · ·	ADDITIONS/	CHANGES	
TITLE NAME				TITL	1			Change	☐ Addition
STREET ADDRESS		IDLEWOOD CIRCLE	1 DATED 12/31/01	1	EET ADDRESS				
CITY-ST-ZIP									
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		BEACH, FL 33445	☐ Delete	TITL	E			☐ Change	☐ Addition
NAME STREET ADDRESS		BEACH, FL 33445	☐ Delete	TITL	E E			☐ Change	Addition
		BEACH, FL 33445	□ Delete	TITLI NAM STRE	E			☐ Change	☐ Addition
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Garth Friesen Revoc. Trust dated 12/31/01

561-544-4615

Garth Friesen, Trustee

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE