

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90066 032 \*\*\*143.75

**50008253**



**DOCUMENT # L07000044200**

1. Entity Name  
**3 DIAMOND PROPERTIES, LLC**



Principal Place of Business  
**4415 FLORIDA NATIONAL DRIVE**  
**SUITE 204**  
**LAKELAND, FL 33813 US**

Mailing Address  
**4415 FLORIDA NATIONAL DRIVE**  
**SUITE 204**  
**LAKELAND, FL 33813 US**

2. Principal Place of Business - No P.O. Box #  
**3960 GARLAND ST.**

3. Mailing Address  
**P.O. Box 5083**

Suite, Apt. #, etc.

07072008 Chg-LLC CR2E083 (12/06)

City & State  
**Mulberry, FL**

City & State  
**LAKELAND, FL**

4. FEI Number  
**20-8909993**

Applied For  
 Not Applicable

Zip  
**33860**

Country  
**USA**

Zip  
**33807**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FIELD, RICHARD E**  
**4415 FLORIDA NATIONAL DRIVE**  
**SUITE 204**  
**LAKELAND, FL 33813**

**7. Name and Address of New Registered Agent**

Name  
**RICHARD E. FIELD**

Street Address (P.O. Box Number is Not Acceptable)  
**3960 GARLAND ST.**

**Mulberry**

City  
**FL** Zip Code  
**33860**

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 *Richard E. Field* *Richard E. Field* *7/7/08*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIELD, RICHARD E P.O. BOX 5083 LAKELAND, FL 33807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAMELA L. FIELD 3960 GARLAND ST. MULBERRY, FL 33860 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REHBERG, NINA E 311 CRESAP STREET LAKELAND, FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard E. Field* *7/7/08* *863-248-2587*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #