

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093941

FILED  
Jul 25, 2008  
Secretary of State

**Entity Name:** DIAMOND DWELLINGS TAMPA, LLC

**Current Principal Place of Business:**

1002 SOUTH HARBOUR ISLAND BLVD SUITE 1212  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1825  
TAMPA, FL 33601 US

**New Mailing Address:**

**FEI Number:** 65-1263205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAGIOLI, GREGORY D  
1002 SOUTH HARBOUR ISLAND BLVD SUITE 1212  
TAMPA, FL 33602 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: FAGIOLI, MATTHEW  
Address: 3611 BRASELTON HWY SUITE 102  
City-St-Zip: DACULA, FL 30019 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: FAGIOLI, GREGORY D  
Address: 1002 SOUTH HARBOUR ISLAND BLVD SUITE 1212  
City-St-Zip: TAMPA, FL 33602

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.

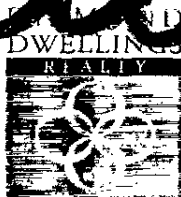
SIGNATURE: GF

MGRM

07/25/2008

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

**LO7000043941**



**July 25, 2008**

**Secretary of the State of Florida  
LLC Section  
Po Box 6327  
Tallahassee, Florida 32361**

**Please accept my request for a refund of the \$400.00 late fee I inadvertently paid as part of the annual fee. When paying on line I did not see the box to check that had not gotten the original notice. I did not get the original notice only the late notice.**

**Please make the check payable to:**

**GREG FAGIOLI  
PO BOX 1825  
TAMPA, FL 33601**

**As the registering agent I paid the fee with a personal credit card.**

**Thank you in advance for you help.**

A handwritten signature in black ink, appearing to read "Greg Fagioli".

**DIAMOND DWELLINGS REALTY TAMPA, LLC  
PO BOX 1825 \* TAMPA \* FLORIDA \* 33601  
1-813-309-6500 \* FAX 1-813-864-9292**

*\$390*