


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90127 007 ***138.75

DOCUMENT # L07000119631 1. Entity Name DIAMOND D MLC, LLC					
Principal Place of Business 2124 SPARROW COURT SARASOTA, FL 34239 US			Mailing Address 2124 SPARROW COURT SARASOTA, FL 34239 US		
2. Principal Place of Business - No P.O. Box # 904 Pomelo Avenue		3. Mailing Address 904 Pomelo Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, Florida		City & State Sarasota, Florida		4. FEI Number 26-1792807	
Zip 34236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPNICK, BRUCE P 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237				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		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <i>By B. Drackett naka</i>			Date 4/16/08 Daytime Phone # 941 954 6003		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					