

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000068707

FILED
May 27, 2009
Secretary of State**Entity Name:** 3 DIEGOS LLC**Current Principal Place of Business:**142 W. LAKEVIEW AVE., SUITE 2040
LAKE MARY, FL 32746**New Principal Place of Business:**737 STIRLING CENTER PLACE
SUITE 1809
LAKE MARY, FL 32746**Current Mailing Address:**142 W. LAKEVIEW AVE., SUITE 2040
LAKE MARY, FL 32746**New Mailing Address:**737 STIRLING CENTER PLACE
SUITE 1809
LAKE MARY, FL 32746**FEI Number:** 61-1567949**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPIRES, SAMANTHA
142 W. LAKEVIEW AVE. SUITE 2040
LAKE MARY, FL 32746 US**Name and Address of New Registered Agent:**SPIRES, SAMANTHA
737 STIRLING CENTER PLACE
SUITE 1809
LAKE MARY, FL 32746 US

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:

05/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PORTER, FAWN
Address: 142 W. LAKEVIEW AVE. SUITE 2040
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: SAYRE, SHANNON
Address: 142 W. LAKEVIEW AVE. SUITE 2040
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: SPIRES, SAMANTHA
Address: 142 W. LAKEVIEW AVE. SUITE 2040
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PORTER, FAWN
Address: 737 STIRLING CENTER PLACE, SUITE 1809
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM (X) Change () Addition
Name: SAYRE, SHANNON
Address: 737 STIRLING CENTER PLACE, SUITE 1809
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM (X) Change () Addition
Name: SPIRES, SAMANTHA
Address: 737 STIRLING CENTER PLACE, SUITE 1809
City-St-Zip: LAKE MARY, FL 32746

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: FAWN PORTER

MGRM

05/27/2009

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