

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Aug 30, 2009  
Secretary of State**

DOCUMENT# L08000093235

Entity Name: 5 DIAMOND ENTERPRISES LLC

**Current Principal Place of Business:**

607 15TH ST.  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

607 15TH ST.  
HOLLY HILL, FL 32117

**New Mailing Address:**

FEI Number: 26-3461656      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MERRITT, DALLAS III  
1316 TOUR DR  
GULF BREEZE, FL 32563      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: STANDFORD, BARBARA B  
Address: 607 15TH ST  
City-St-Zip: HOLLY HILL, FL 32117

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

Title: MGRM      ( ) Delete  
Name: MERRITT, DALLAS III  
Address: 1316 TOUR DR  
City-St-Zip: GULF BREEZE, FL 32563

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

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: DALLAS MERRITT III

MGR

08/30/2009

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