


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -1 PM 3: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE															
1. Name and Mailing Address of Limited Liability Company DIAMOND RIDGE, I.C. 201 MUIRFIELD CIRCLE NAPLES FL 33962		DOCUMENT # L95000000982 1a. Principal Place of Business Address 201 MUIRFIELD CIRCLE NAPLES FL 33962															
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.																	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 3a. State of Formation 2/20/1995 FL													
4. FEI Number 65-0672266				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
5. Date of Last Report 06/19/1996				6. Certificate of Status Desired <input checked="" type="checkbox"/> SR 25 Additional Fee Required													
7. Name and Address of Current Registered Agent HAINS, TIMOTHY G ESQ. 4501 TAMiami TRAIL, NORTH SUITE 300 NAPES FL 33940			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL														
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.																	
SIGNATURE <i>Timothy G Hains</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			DATE <i>4/29/97</i>														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10. Title</th> <th style="width:30%;">Managing Members/Managers</th> <th style="width:30%;">Business Street Address</th> <th style="width:30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>SPINELLA, CARMEN J</td> <td>201 MURFIELD CIRCLE</td> <td>NAPLES FL</td> </tr> <tr> <td>MGR</td> <td>WICKMAN, ROBERT L</td> <td>8805 INDIAN HILL DRIVE, SU</td> <td>OMAHA NE</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	SPINELLA, CARMEN J	201 MURFIELD CIRCLE	NAPLES FL	MGR	WICKMAN, ROBERT L	8805 INDIAN HILL DRIVE, SU	OMAHA NE
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.																	
SIGNATURE: <i>Carmen Spinella</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			Date <i>4-24-97</i> Daytime Phone # <i>941-408-0281</i>														