


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 22 PM 4:11	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DIAMOND RIDGE, L.C. 201 MUIRFIELD CIRCLE NAPLES FL 33962 34113				DOCUMENT # L95000000982			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country				3. Date Organized or Qualified 12/20/1995 4. FEI Number 65-0672266 5. Date of Last Report 05/01/1997			
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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code MA			
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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGR	SPINELLA, CARMEN J	201 MUIRFIELD CIRCLE		NAPLES FL			
MGR	WICKMAN, ROBERT L	8805 INDIAN HILL DRIVE, SU		OMAHA NE			
				400002536994--9 -05/27/98--01083--025 ***188.75 ***188.75			

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime, if one #

5-19-98 941-403-0281