2000	O UNIFORM BUS	INESS REPO	RT	(UBR)		·		:		:
DOCUMENT # L9500000982 1. Entity Name						FILED				
DIAMOND RIDGE, L.C.					00 JAN 12 PM 4: 16					-
						_				
Principal Place 201 MUIRFIEL NAPLES FL 3		Mailing Address 201 MUIRFIELD CIRCLE NAPLES FL 34113-8937			SECRETARY OF STATE TALLAHASSEE. FLORIDA					
MAPLES PL S	4113	NAFLES FL 34113-0337				(BB) B) 218 (B) B) B) B B) BB) BB) B)	Balli Garil GA		20110 1102 EBB1	
6 Principal (Discoul Discoul	10.45%			_					
2. Principal Place of Business		3. Mailing Address			,	15511911 515 15161 51111 55111 55111	88111 68 111 98	:11 88119 (918)	18118 (181 (188)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEIN	lumber 65-0672266			oplied For	
Zip Country		Zip Coun		try	\$5.00 Addition			ot Applicable ditional	1	
	6. Name and Address of Current	Registered Agent		<u>-</u> Г		and Address of New Reg	LJ F	ee Require		-
	Name	7. Waine	BIN AUDIESS OF NEW TIEL	lisicieu A	jent	· · ·	-			
SPINELLA, CARMEN				Street Address (P.O. Box Number is Not Acceptable)						1
501 GOODETTE ROAD, SUITE A 204 NAPLES FL 34102										1
MAI LEO I	E 04102		-				FL	Žip Code	e	-
The above named entity submits this statement for the purpose of changing its registered.					ered agent. o	or both, in the State of Florid				\dashv
	,	F			g, -					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature requir	ed when reinstatir	ng)	DATE			
•	EE IS \$50.00]			
		Make Check Pa								
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/C	HANGES			-
TITLE	MGR	Delets	TITLE					Change	Addition	66/6
NAME STREET ADDRESS	SPINELLA, CARMEN J 201 MURFIELD CIRCLE		RAME	ET ADDRESS		300003 -01/20/	/000	ィュゴ 1014	4 -013	(66/6) €30≦
CITY- ST- ZIP	NAPLES FL 33962			\$T-ZIP		*****	<i>.</i> 0.00	- 東東東東東	<u> 50.00 </u>	- 22
TITLE NAME	MGR WICKMAN, ROBERT L	☐ Delete	TITLE	1				Change	Addition	ပ
STREET ADDRESS CITY-ST-ZIP	8805 INDIAN HILL DRIVE, SUITE	365		ET ADDRESS ST-ZIP						
TITLE	OMAHA NE 68114	Delete	TITLE		,	****		Change	Addition	-
NAME			NAME	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				ST-ZIP						
TITLE		☐ Deteto	TITLE	ì	· •	W =		Change	Addition	
NAME STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			-	8T-ZIP						-
TITLE NAME		Delete	TITLE Name	1				Change	Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE]	Change	Addition	1
MAME \ STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-81-ZIP			CITY-	87- ZIP						
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and bility company of the receiver or trustee	this filing does not qualify for that my signature shall have t	the exen	nption stated in S legal effect as if	Section 119.0 made under	7(3)(i), Florida Statutes. I fu oath: that I am a managin	rther certif g member	y that the in or manage	formation r of the	
limited lia	bility company or the receiver or trustee	empowered to execute this r	por as	required by Char	pter 608, Floi					
SIGNAT	URE: SIGNATURE AND TYPED OR BOIL	ITED NAME OF SIGNING MANAGING A	KEMBER OF	MANAGER	[7.00 Cate		403- time Phone #	0281	
							53)			