2001 UNIFORM BUSINESS REPORT (UBR)

200	ONIFOR	M DOSIN	E33 NEFC	/N I	(OBN)							
DOCUMENT # L9500000982 1. Entity Name												
DIAMOND RIDGE, L.C.							FILED					
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201 MUIRFIEI			Mailing Address 201 MUIRFIELD CIRCLE				SECRETARY OF STATE					
NAPLES FL 3	34113	•	NAPLES FL 34113					TAILANAS	MTE, A	CRIDA		
		,										
2. Principal P	lace of Business	3.	3. Mailing Address				1 (188)(18)	010 (310) 6 1111 6 8115 0))	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI 1	Number	65-067226	3		pplied For ot Applicable	
Zip	Countr	у	Zip Coun		itry	5. Certific		Status Desired		\$5.00 Ad	Iditional	
	6. Name and Add	ress of Current Regis	stered Agent	I		7 Nam	e and A	ddress of New F	egistered	··	- 34 -	
SPINELLA	A, CARMEN											
501 GOODETTE ROAD, SUITE A 204 NAPLES FL 34102					Street Address (P.O. Box Number is Not Acceptable)							
NAPLES I	FL 34102			,	City					Zip Cod	 de	
9 The should	named antitu submits	this statement for the	nurnose of position its	register	ed office or rec	istered agent	or both	in the State of Flo		<u> </u>		
o. The above	That hour criticity galorinis			1//	/	, stores agom,						
SIGNATURE .	Signature, typed of printed na	me of registered and contine	if applicable. (NOT	P Registere	gent signature re	quired when reinstat	ing)		DATE			
			FILE N	OW!!!	FEE IS \$50	.00	90					
		†	Mailing Address 20 MURRELD CIRCLE NAPLES FL 34113 3. Mailing Address Suite, Apl. #, etc. City & State 4. FEI Number 65-0672266 27p Country 5. Certificate of Status Desired Name Street Address (P.O. Box Number is Not Acceptable) City FL Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State NAME STRET ADDRESS CITY-ST-2P Delete NAME						.50.00			
9.	MA	NAGING MEMBERS/I	MEMBERS	10.			<u> </u>	ADDITIONS	CHANGE	s		
TITLE	MGR SPINELLA, CARM	FN .I	☐ Delete		l l				`	☐ Change	Addition Addition	
NAME STREET ADDRESS	201 MURFIELD C	RCLE		STRE	ET ADDRESS							
CITY-ST-ZIP	NAPLES FL 33962 MGR	<u>'</u>	□ Datate	_		<u>.</u>				☐ Change	Addition	
TITLE NAME	WICKMAN, ROBE		□ Desete	NAM	Ε					C straings		
STREET ADDRESS CITY-ST-ZIP	8805 INDIAN HILL OMAHA NE 68114	DRIVE, SUITE 365		E .	F .					.		
TITLE	-	Andrew Control of the	☐ Delete				·	·		☐ Change	- Addition	
NAME STREET ADDRESS		!		- 1								
CITY-ST-ZIP		·							••	☐ Change	☐ Addition	
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name Street aparess												
CITY-ST-ZIP			····									
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STREET ADDRESS CITY-ST-ZIP			Apr. 100	1								
11. I hereby of indicated limited lial	certify that the informat on this report is true a bility company or the r	ion supplied with this fi nd accurate and that n eceiver or trustee emp	iling does not qualify fo ny signature shall have owered to execute this	r the exe the same report as	mption stated in legal effect as regulised by C	in Section 119. s if made unde hapter 608, Flo	07(3)(i), l r oath; th orida Stat	Florida Statutes. nat I am a manag tutes.	further co	ertify that the i	nformation or of the	
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SIGNAT		DR PRINTED NAME OF SIGNI	MG MANAGING MEMBER, MA	AGER, OR	AUTHORIZED REP	RESENTATIVE		- 8-200, Date	/ /	7/1705 Daytime Phone #	DAY	