

2001 UNIFORM BUSINESS REPORT (UBR)

06/11/2001 AT

DOCUMENT # L95000000982

1. Entity Name
DIAMOND RIDGE, L.C.

Principal Place of Business 201 MUIRFIELD CIRCLE NAPLES FL 34113		Mailing Address 201 MUIRFIELD CIRCLE NAPLES FL 34113	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
01 APR 13 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0672266				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SPINELLA, CARMEN 501 GOODETTE ROAD, SUITE A 204 NAPLES FL 34102			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	

8. 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 _____ DATE _____

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004035769--2
-04/20/01--01077--028
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME	MGR SPINELLA, CARMEN J 201 MUIRFIELD CIRCLE NAPLES FL 33962 <input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGR WICKMAN, ROBERT L <input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP	8805 INDIAN HILL DRIVE, SUITE 365 OMAHA NE 68114	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

11. I 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 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.

SIGNATURE: *Carmen Spinella* **SECRETARY OF STATE** *Robert Wickman* **SECRETARY OF STATE**

Date: **4-8-2001** Daytime Phone #: **941-403-0291**

CR2E083 (11/00)