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 D. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILING REE
Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Malling Address of Limited Liability Company

**DOCUMENT #** 19700001389

DIAMOND PLAYERS CLUB, L.C. 1501 INDIAN ROCKS ROAD BELLEAIR FL 33756 98 MAR 23 PM 4: 04

SECALIARO OF STATE TALLAHASSEE FLORIDA

1a. Principal Place of Business Address

1501 INDIAN ROCKS ROAD BELLEAIR FL 33756

										94%	
2. Principal Place of Business 2a. 1			2a. Mail	Mailing Address			3. Date Organized or Qualified		3a. State of Formation		
Suite, Apt. #, etc. Suite, A			pt. #, etc.			12/11/1997		FL			
							4. FEI Number			Applied For	
City & State City & :			City & Si	State			74-3481864 Not Applical			Not Applicable	
Zip	Country Zip		Zip		Country	5. Date of Last		Last Report	6. Certifica	te of Status Desired	
•									58 75 Additional Fee Required		
7. Name and Address of Current Registered				Agent	0			ddress of New Regis	ress of New Registered Agent/Office		
GAGLIARDI, GREGG						Name					
1501 INDIAN ROCKS ROAD					Street Address (P.O. Box Number			nber is Not Acceptat	is Not Acceptable)		
BELLEAIR FL 33756											
						Suite, Apt. #, etc.					
			City			FL	Zip Code				
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  (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)											
10. Title				Business Street Address				City, State and Zip Code			
	<del></del>		<del></del>				•		<del> </del>		
MGR	STOTTL	EMYRE, TOD	v v	1501	INDIA	n rocks	ROAD	BELLEA	IR FL		
MGR	GAGLIA	RDI, GREGG		1501	INDIA	N ROCKS	ROAD	BELLEA	IR FL		
MGR	LEGNIN	I, MERIC		1501	INDIA	N ROCKS	ROAD	BELLEA	IR FL		
MGR	WARNER	, ROBERT		1501	INDIA	N ROCKS	ROAD	BELLEA	IR FL		
							c	00002- 03/26 ****1	<b>469</b> /9801 38.75	770 <u>-</u> 6 103-010 ****188.75	

11. Ido 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 LYPE OF OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-4-98

Daylime Phone #