2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L97000001389

1. Entity Name
DIAMOND PLAYERS CLUB, L.C.

Principal Place of Business	Mailing Address
2601 DIAMOND CLUB DR CLERMONT, FL 34711	2601 DIAMOND CLUB DR CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

06092004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3481864	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GAGLIARDI, GREGG
2601 DIAMOND CLUB DR
CLERMONT, FL 34711

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	
NAME	STOTTLEMYRE, TODD V	
STREET ADDRESS	2601 DIAMOND CLUB DR	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	MGR	
NAME	GAGLIARDI, GREGG	
STREET ADDRESS	2601 DIAMOND CLUB DR	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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06/14/04-80001-008 50.00

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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: _____   6-8-04   352-243-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #