

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002647

1. Entity Name

DIAMOND SQUARED RANCH, LC



Principal Place of Business

1301 RIVERPLACE BOULEVARD, SUITE 1609
JACKSONVILLE, FL 32207

Mailing Address

1301 RIVERPLACE BOULEVARD, SUITE 1609
JACKSONVILLE, FL 32207



04132004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
59-3643054

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEEK, EUGENE G III
1301 RIVERPLACE BOULEVARD, SUITE 1609
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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's signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
PEEK, EUGENE G III
1301 RIVERPLACE BOULEVARD, SUITE 1609
JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

EUGENE G. PEEK III, MANAGER