2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000002647

1. Entity Name

DIAMOND SQUARED RANCH, LC



FILED Apr 28, 2006. 08:00 AN Secretary of State

Principal Place of Business

SIGNATURE:

Mailing Address

1301 RIVERPLACE BOULEVARD, SUITE 1609 JACKSONVILLE, FL 32207

1301 RIVERPLACE BOULEVARD, SUITE 1609 IACKSONVILLE, FL. 32207



DO NOT WRITE IN THIS SPACE

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

04122006 No Chg-LLC	CR2E083 (11/05)

4. FEI Number	Applied For
59-364 <u>3</u> 054	Not Applicabl
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

		IN THIS STACE
8. The above the obligat	named entity submits this statement for the purpose of changing of registered agent.	Ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and tide if applicable	(NOTE Registered Agent signature required when reinstating) DATE
Fi D	ling Fee is \$50.00 ue by May 1, 2006	U00000542440 05/10/06-80098-008 50.00
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY- ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
indicated	certify that the information supplied with this filing does not que on this report is true and accurate and that my signature sha billity company or the receiver or trustee empoyered to execu	ualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am a managing member or manager of the ute this report as required by Chapter 608, Florida Statutes.