
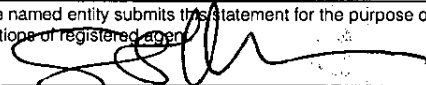
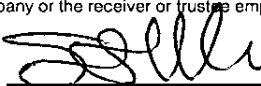


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90073 009 ****50.00

DOCUMENT # L99000009311 1. Entity Name DIAMOND LIL PROPERTIES, LLC					
Principal Place of Business 209 W. RIDGEWOOD CT. LONGWOOD, FL 32779			Mailing Address 209 W. RIDGEWOOD CT. LONGWOOD, FL 32779		
2. Principal Place of Business 225 West Lake Faith Drive		3. Mailing Address 225 West Lake Faith Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Maitland, Florida		City & State Maitland, Florida		4. FEI Number 59-3620663	
Zip 32751		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRY, STEPHEN T 209 W. RIDGEWOOD CT. LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name Barry, Stephen T. Street Address (P.O. Box Number is Not Acceptable) 225 West Lake Faith Drive City Maitland FL Zip Code 32751		
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  4-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRY, STEPHEN T 209 W. RIDGEWOOD CT. LONGWOOD, FL 32779		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Barry, Stephen T. 225 West Lake Faith Drive Maitland, Florida 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  STEPHEN T. BARRY 4-26-04 407 862 0360 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					