2006. LIMITED LIABILITY COMPANY

te

ANNUAL REPORT				Apr 25, 2006 08:00 Secretary of Sta	
DOCUMENT # M04000004788					
1. Entity Nam	ie VALK APARTMENTS GAIN	ESVILLE LLC			
BOARDIN	MEN AFANTMENTS GAIN	EGVILLE, LLO			
		and the state of t			
Principal Plac		Mailing Address	IENUIE OURE 4 450		
900 NORTH MICHIGAN AVENUE, SUITE 1450 900 NORTH MICHIGAN AVENUI CHICAGO, IL 60611 CHICAGO, IL 60611			ENUE, SUITE 1450		
					BB### #F###############################
			en en en	2 1 2 2 3 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1	BEST EIRS SENS SEIE INSEN III JENS
DO NOT WOITE IN THE OBACE				04122006No Chg-LLC C	:R2E083 (11/05)
DO NOT WRITE IN THIS SPA			ACE	4. FEI Number	Applied For
			· ·	20-1837331	Not Applicable \$5.00 Additional
	· ·		<u>ر مع در مع دا</u>	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current	Registered Agent		, — , — , — , — , — , — , — , — , — , —	्र रियो । इस्टिक्ट क्षेत्रक
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WRI	TE
				•	
				IN THIS SPACE	
}				, , , , , , , , , , , , , , , , , , , ,	
		or the purpose of changing its re-	gistered office or registe	red agent, or both, in the State of Florida.	I am familiar with, and accept
the obligat	lions of registered agent.				
SIGNATURE_	Signature, typed or printed name of registered agent	t and sitio (f applicable / NOTE R	egistered Agent eignature require	d waan rejestation)	DATE
<u> </u>	, , , , , , , , , , , , , , , , , , ,			<u> </u>	<u> </u>
Fi D	iling Fee is \$50.00 ue by May 1, 2006				
<u></u>		<u> </u>			·
9.	MANAGING MEMB	ERS/MANAGERS			
NAME	DIAMOND REAL ESTATE FUNI	D, L.P.] · ···		,
STREET ADDRESS CITY-ST-ZIP	900 NORTH MICHIGAN AVENU	E, SUITE 1450	1		*,
TITLE	CHICAGO, IL 60611		_ -	And the second of the second o	A = 8
NAME	BOARDWALK DELAWARE, LLC				
STREET ADDRESS	220 N. MAIN STREET	a server en	- I	`Noodoc23	2352 1080-006 50.00
CITY-ST-ZIP	GAINESVILLE, FL 32601	the state of the s	<u></u>	מרסט/מט/כט.	เกลก-กก่อ วก กก
TITLE NAME	1				-
STREET ADDRESS				DO NOT WR	ITE
CITY-ST-ZIP			<u></u>	and the second s	*
TITLE NAME				IN THIS SPA	CE
STREET ADDRESS					
CITY-ST-ZIP		17 S 7 1954 1577	<u>* 31\$</u>		
TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP			1		e e
TITLE	l — — — — — — — — — — — — — — — — — — —				

11. I hereby certify that the information indicated on this report is true and limited liability company of the recommendation. supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information abburate 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 eight or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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