

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90158 024 ****50.00

DOCUMENT # M04000005636

1. Entity Name
BLACK DIAMOND CAPITAL II, LLC



Principal Place of Business
**201 NORTH FRANKLIN STREET
 ONE TAMPA CITY CENTER
 TAMPA, FL 33602**

Mailing Address
**201 NORTH FRANKLIN STREET
 ONE TAMPA CITY CENTER
 TAMPA, FL 33602**

2. Principal Place of Business
One Tampa City Center

3. Mailing Address
3505 Silverside Road

Suite, Apt. #, etc.
Suite 2880

Suite, Apt. #, etc.
206 Plaza Centre Building

City & State
Tampa, FL

City & State
Wilmington, DE


Zip
33602

Country
USA

Zip
19810

Country
USA

20007208



01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number
APPLIED FOR 9-75-3177167

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	BLACK DIAMOND CAPITAL, LLC	201 NORTH FRANKLIN STREET	TAMPA, FL 33602	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	One Tampa City Center, Suite 2880	Tampa, FL 33602		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<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: *Deanna Voss* **Deanna Voss; VP & Secretary; 1/12/05; (302) 479-4652**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #