

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A00000000127
 1. Entity Name
 DIAMANT FAMILY LIMITED PARTNERSHIP



FILED

2004 AUG 19 P 12:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 8 HARBOUR HOUSE
 KEY LARGO, FL 33037

Mailing Address
 8 HARBOUR HOUSE
 KEY LARGO, FL 33037

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 20 EAST 35TH STREET
 APT. 14C

07122004 Chg-LP CR2E003 (10/03)

City & State
 NEW YORK, NY 10016

4. FEI Number
 65-0981581

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIAMANT, ENA
 8 HARBOUR HOUSE
 KEY LARGO, FL 33037

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

9. Capital Contributions as Shown on record. \$40.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DIAMANT, ENA	STREET ADDRESS	
NAME	8 HARBOUR HOUSE	CITY - ST - ZIP	
STREET ADDRESS	KEY LARGO, FL 33037		
CITY - ST - ZIP		STREET ADDRESS	400040648344
		CITY - ST - ZIP	08/30/04--01091--019 **88.75
		STREET ADDRESS	400040648344
		CITY - ST - ZIP	08/30/04--01091--020 **52.50
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	

STAPLE CHECK HERE

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Eva Diamant 7/23/04 212-686-8452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #