

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 MAY -6 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A00000001084**

1. Entity Name  
**DIAZ FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**80 BRAMPTON LANE  
NAPLES, FL 34104**

Mailing Address  
**80 BRAMPTON LANE  
NAPLES, FL 34104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**59-3659361**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASSIDOMO, KATHLEEN C ESQ.  
C/O KELLY & PASSIDOMO, LLP  
2640 GOLDEN GATE PARKWAY, SUITE 305  
NAPLES, FL 34105**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$350,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 #  
NAME **DIAZ, FERMIN**  
STREET ADDRESS **80 BRAMPTON LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME **DIAZ, EDELMIRA**  
STREET ADDRESS **80 BRAMPTON LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. 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:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/27/04**

Date

Daytime Phone #

STAPLE CHECK HERE