

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 JUL 22 PM 4:07

APPLICATION FOR ANNUAL STATEMENT FOR LIMITED PARTNERSHIP
 A93000000133
 Florida Department of State
 Secretary of State
 Division of Corporations

DOCUMENT # A93000000133

1. Name of Limited Partnership

DIACENTI FAMILY, LTD

7-22

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

1280 WELLINGTON TERRACE

Suite, Apt. #, etc.

City & State

MAITLAND FL

Zip

32751

Country

US

3. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered To Do Business in Florida

1/29/93

5. FEI Number

59-3154050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation

8a. Capital Contributions as Shown on Record

149,100.00

8b. Amount of Capital Contributions in FLORIDA to date

149,100.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.
 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
 Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

10. If changed, now registered agent/office

PETER V. PIACENTI
 1280 WELLINGTON TERRACE
 MAITLAND, FL. 32751

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

Address of Each General Partner (Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration Document Number

PETER V. PIACENTI

1280 WELLINGTON TERRACE

MAITLAND, FL 32751

A93000000133

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Peter V. Piacenti

DATE

6/11/97

Typed or Printed Name of General Partner Signing Form

PETER V. PIACENTI

Telephone Number

(407) 578-2918

CR2E039 (1/97)