

2001 UNIFORM BUSINESS REPORT (UBR)

0009407 AF

DOCUMENT # A99000001934
 1. Entity Name
DIASTI FLORIDA FAMILY LIMITED PARTNERSHIP

FILED

Principal Place of Business Mailing Address
2502 ROCKY POINT DRIVE, SUITE 1000 **2502 ROCKY POINT DRIVE, SUITE 1000**
TAMPA FL 33607 **TAMPA FL 33607**

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number 59 3447 988 | Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
GORDON, BRUCE
C/O SHUMAKER, LOOP, KENDICK, LLP
2501 ROCKY POINT DRIVE, SUITE 1000
TAMPA FL 33607

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State: 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.

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

| | | |
|---|--|--|
| 9. Capital Contributions as Shown on record. \$10,000.00 | 10. Amount of Capital Contributions in FLORIDA to date \$10,000 | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|--|--|

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

| | |
|----------------|---|
| DOCUMENT # | P99000102039 |
| NAME | DIASTI MANAGEMENT, INC. |
| STREET ADDRESS | 2502 ROCKY POINT DRIVE, SUITE 1000 |
| CITY-ST-ZIP | TAMPA FL 33607 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|----------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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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: SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)