2001 UNIFORM BUSINESS REPOR	RT (UBR)		201554
DOCUMENT # A0000000697	} .		54 AT
DINER FAMILY LIMITED PARTNERSHIP	ļ	FILED	
Principal Place of Business 11440 SEA GRASS CIRCLE BOCA RATON FL 33498 2. Principal Place of Business 7390 Avimento Place 7390 Avimento Place 7390 Avimento Place 7390	O) 4 c	01 SEP 13 PM 12: 17 SECRETARY OF STATE TALLAHASSEE FLORIDA	
7390 Sarimento Mace 7396 Sari Suite, Apt. #, etc. Suite, Apt. #, etc.	mento Plac	DUE BY SEPTEMBER 26, 2001	
Zip Country Zip 33446	ach, TL	4. FELNumber Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent DINER FAMILY, INC. 11440 SEA GRASS CIRCLE BOCA RATON FL 33498	Name Dini	er Family Inc. OBOX Number is Not Acceptable) Place FL 233446	
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 \$4,013,955.00 10. Amount of Capital Contributions in FLORIDA to date. (1) 13, 955.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTI 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 / NAME DINER FAMILY, INC. STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33498	STREET ADDRESS 739	70 Sarimento Place Way Beach 77:33446	CR2E003 (5/01)
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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

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9-04-01

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SIGNATURE:

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