

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 04 JUN 25 AM 9:31
 DEPT. OF REVENUE
 TALLAHASSEE, FLORIDA

DOCUMENT # A00000000697

1. Entity Name
DINER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**7390 SARIMENTO PLACE
 DELRAY BEACH, FL 33446**

Mailing Address
**7390 SARIMENTO PLACE
 DELRAY BEACH, FL 33446**

2. Principal Place of Business
10 Wincove Lane

3. Mailing Address
10 Wincove Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172004 Chg-LP CR2E003 (10/03)

City & State
Rockledge, FL

City & State
Rockledge, FL

4. FEI Number
65-1002505

Applied Fee
 Not Applicable

Zip
32955

Country
U.S.

Zip
32955

Country
U.S.

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

6. Name and Address of Current Registered Agent

**DINER FAMILY, INC.
 7390 SARIMENTO PLACE
 DELRAY BEACH, FL 33446**

7. Name and Address of New Registered Agent

Name
Diner Family, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
10 Wincove Lane

City **Rockledge** **FL** Zip Code **32955**

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

Sander A. President

4/29/04

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

DATE

9. Capital Contributions as Shown on record. **\$4,013,955.00**

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

DOCUMENT # **P00000042352**
 NAME **DINER FAMILY, INC.**
 STREET ADDRESS **7390 SARIMENTO PLACE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

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 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **10 Wincove Lane**
 CITY-ST-ZIP **Rockledge, FL 32955**

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000038774530
07/07/04--01002--006 **526.25

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:

Sander A.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/04
 Date

Daytime Phone #

STAPLE CHECK HERE