2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A00000000697 **DOCUMENT #**

2. Principal Place of Business

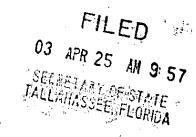
Suite, Apt. #, etc.



1. Entity Name DINER FAMILY LIMITED PARTNERSHIP Mailing Address
7390 SARIMENTO PLACE Principal Place of Business 7390 SARIMENTO PLACE DELRAY BEACH FL 33446 **DELRAY BEACH FL 33446**

3. Mailing Address

Suite, Apt. #, etc.





DUE BY MAY 1, 2003

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City & State			City & State			4. FEI Number	4. FEI Number 65-100/2505			Applied For Not Applicable											
Zip	Zip Country		Zip ·	Country		5. Certificate of				75 Additional Required											
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent																
DINER FAMILY, INC. 7390 SARIMENTO PLACE DELRAY BEACH FL 33446					Name Street Address (P.O. Box Number is Not Acceptable)																
											DEDUKT D	DEACH FL	33 44 0								
																City			FL	Zip (Code
	named entitions of regist	y submits this statement for ered agent.	the purpose of changing	ng its registere	ed office or regis	stered agent, or both,	in the State of Flo	rida. I am fa	miliar w	ith, and accept											
SIGNATURE -	Signature, typed	or printed name of registered agent as	nd title if applicable.					DATE													
9. Capital Contributions as Shown on record. \$4,013,955.00 10. Amount of Capital in FLORIDA to date					butions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMAT																
	A (GENERAL PARTNER TI : General Partners MA	HAT IS A BUSINESS / NOT be changed o	ENTITY M	UST BE REG ; an amendm	ISTERED AND AC	TIVE WITH THI to change a ge	S OFFICE. neral partr	ner.												
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY															
DOCUMENT #					REET ADDRESS																
NAME DINER FAMILY, INC. STREET ADDRESS 7390 SARIMENTO PLACE					· ·																
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14 I hereby o	artify that the	a information supplied with	this filing does not quali	ify for the eye	motion stated in	Section 119.07/3\/i\	Florida Statutos I	further certif	v that ti	a 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:

1/22/03

Davtime Phone #