## 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

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FILED DÓCUMENT # A00000001084 08 APR 25 PM 12: 09 DIAZ FAMILY LIMITED PARTNERSHIP SEGRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 80 BRAMPTON LANE 80 BRAMPTON LANE ... NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 59-3659361 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, EDELMIRA Street Address (P.O. Box Number is Not Acceptable) 3705 WEST VIEW DR NAPLES, FL 34104 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 8**001 1960228**8 03/07/08--01005--018 \*\*50 DOCUMENT # STREET ADDRESS \*\*508.75 NAME DIAZ, FERMIN STREET ADDRESS 80 BRAMPTON LANE CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34104 DOCUMENT # STREET ADDRESS DIAZ, EDELMIRA NAME STREET ADDRESS **80 BRAMPTON LANE** CITY - ST- 7(P CITY-ST-ZIP NAPLES, FL 34104 DIAZ, Fermin A. DOCUMENT # STREET ADDRESS 12 AUR SW STREET ADDRESS CITY-ST-ZIP NAPIES F1 34116 CITY-ST-ZIP DAZ, CALLOS A. DOCUMENT # STREET ADDRESS NAME 655 Henley Dr STREET ADDRESS CITY-ST-ZIP F1 34106-6572 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

508.7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTMER-

239 -643*-98*28

Daytime Phone #