2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000001601

1. Entity Name
THE DIEGO MELIANS FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
4759 PALM AVE. SUITE 260 HIALEAH, FL 33012	4759 PALM AVE. SUITE 260 HIALEAH, FL 33012

03162004   Chg-LP   CR2E003 (10/03)

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

Zip	Country	Zip	Country

4. FEI Number 65-1063072 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELIANS, DIEGO 4759 PALM AVE. SUITE 260 HIALEAH, FL 33012	Name Street Address (P.O. Box Number is Not Acceptable) City ___ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   DATE

9. Capital Contributions as Shown on record.	**$66,666.67**	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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000099602 MELIANS MANAGEMENT CORPORATION 4759 PALM AVE. SUITE 260 HIALEAH, FL 33012	STREET ADDRESS CITY-ST-ZIP	U00000156554 05/06/04-80001-024 526.25
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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: _____   4-21-04   305-819-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

STAPLE CHECK HERE