


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001991	
1. Entity Name DIPRIMA HOLDINGS, LTD.	

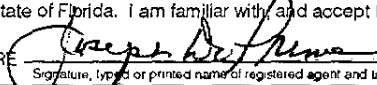
Principal Place of Business 1199 S. PATRICK DRIVE SATELLITE BEACH FL 32937	Mailing Address 1199 S. PATRICK DRIVE SATELLITE BEACH FL 32937
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent DIPRIMA, JOSEPH R 1199 S. PATRICK DRIVE SATELLITE BEACH FL 32937		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 # L00000015471	NAME DIPRIMA MANAGEMENT, L.C.	STREET ADDRESS	
STREET ADDRESS 1199 S. PATRICK DRIVE		CITY- ST- ZIP	
CITY- ST- ZIP SATELLITE BEACH FL 32937			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY- ST- ZIP			

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05/24/05 00012 015 526.25

STAPLE CHECK HERE

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:  **4-12-05 321-777-2500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #