

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 10, 2006 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

07052008 No Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3688492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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, etc.)

City

FL Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

**000000569418
07/11/06-80026-001 500.00**

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7-5-06

324-777-2500

STAPLE CHECK HERE