2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Jan 11, 2008 08:00 A Secretary of State **DOCUMENT # A00000001991** 1. Entity Name DIPRIMA HOLDINGS, LTD. Principal Place of Business Mailing Address 1199 S. PATRICK DRIVE 1199 S. PATRICK DRIVE SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 The state of the s 01082008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3688492 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIPRIMA, JOSEPH R DO NOT WRITE 1199 S. PATRICK DRIVE SATELLITE BEACH, FL 32937 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 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. 12. GENERAL PARTNER INFORMATION L00000015471 DOCUMENT # NAME DIPRIMA MANAGEMENT, L.C. STREET ADDRESS 1199 S. PATRICK DRIVE CITY-ST-ZIP SATELLITE BEACH, FL 32937 01%11/08-80052-011*500:00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT & NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT **₹** NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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

ND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

SIGNATURE:

1-8-08

Daytme Phone #