

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 MAY -3 PM 2:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A01000000321  
 1. Entity Name  
 THE DIRESTA FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
 ONE SOUTHEAST THIRD AVE  
 SUITE 1750  
 MIAMI, FL 33131

Mailing Address  
 ONE SOUTHEAST THIRD AVE  
 SUITE 1750  
 MIAMI, FL 33131



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03102005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent  
 STOKES, PAUL M ESQ.  
 TWO SOUTH BISCAYNE BOULEVARD, SUITE 3750  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 One Southeast Third Avenue  
 Suite 150  
 City Miami FL Zip Code 33131

4. FEI Number  
 65-1062121  
 Applied For  
 Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$500,000.00  
 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 #	P00000114489	STREET ADDRESS	
NAME	THE DIRESTA FAMILY CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	2300 INDIAN CREEK BLVD., WEST C-117		
CITY-ST-ZIP	VERO BEACH, FL 32966		
DOCUMENT #		STREET ADDRESS	600055363666
NAME		CITY-ST-ZIP	05/26/05--01022--005 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

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: *Shumee Olu* 4/29/05 772-794-9708  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #