


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May-15, 2007**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # A01000000321                                  |  |
| 1. Entity Name<br>THE DIRESTA FAMILY LIMITED PARTNERSHIP |   |

|   |   |
|---|---|
| Principal Place of Business<br>ONE SOUTHEAST THIRD AVE<br>SUITE 1750<br>MIAMI, FL 33131 | Mailing Address<br>ONE SOUTHEAST THIRD AVE<br>SUITE 1750<br>MIAMI, FL 33131 |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |



02172007 Chg-LP CR2E003 (12/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-1062121  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                               |
| 6. Name and Address of Current Registered Agent<br>STOKES, PAUL M ESQ.<br>ONE SOUTHEAST THIRD AVE., SUITE 150<br>MIAMI, FL 33131 |                               |
| 7. Name and Address of New Registered Agent  |                               |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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                     |   | 13. ADDRESS CHANGES ONLY |  |
|---|---|--------------------------|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P00000114489<br>THE DIRESTA FAMILY CORPORATION<br>2300 INDIAN CREEK BLVD., WEST C-117<br>VERO BEACH, FL 32966 | STREET ADDRESS           |  |
|   |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
|   |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
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|   |   | CITY-ST-ZIP              |  |

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04/25/07-80001-009 500.00

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

4/13/07  
Date

Daytime Phone #

STAPLE CHECK HERE