

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A05000000769**

1. Entity Name  
**DIVENTI ASSOCIATES, LLLP**



Principal Place of Business  
**3665 BEE RIDGE ROAD, SUITE 310**  
**SARASOTA, FL 34233**

Mailing Address  
**3665 BEE RIDGE ROAD, SUITE 310**  
**SARASOTA, FL 34233**



03122007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2115337**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**MCSWEENEY, ANINA C**  
**3665 BEE RIDGE ROAD, SUITE 310**  
**SARASOTA, FL 34233**

**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**  
**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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MCSWEENEY, ANINA C TRUSTEE**  
**3665 BEE RIDGE ROAD, SUITE 310**  
**SARASOTA, FL 34233**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**THOMAS, DORA MARIA C**  
**3665 BEE RIDGE ROAD, SUITE 310**  
**SARASOTA, FL 34233**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CARRION, JAIME R**  
**3665 BEE RIDGE ROAD, SUITE 310**  
**SARASOTA, FL 34233**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000696764  
04/18/07-80010-022 500.00

**DO NOT WRITE**  
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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:**

**Dora Maria C. Thomas**

**4/4/07**

**941-923-4551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE