


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 12 PM 4:52

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



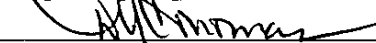
02212008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2115337	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCSWEENEY, ANINA C 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 34233	7. Name and Address of New Registered Agent Name Dora Maria C. Thomas Street Address (P.O. Box Number is Not Acceptable) 3665 Bee Ridge Rd., Suite 310 City Sarasota FL Zip Code 34233
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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  4-4-08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000128802740
 05/08/08--01014--005 **500.00

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 #		STREET ADDRESS	
NAME	MCSWEENEY, ANINA C TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	3665 BEE RIDGE ROAD, SUITE 310		
CITY-ST-ZIP	SARASOTA, FL 34233		
DOCUMENT #		STREET ADDRESS	
NAME	THOMAS, DORA MARIA C	CITY-ST-ZIP	
STREET ADDRESS	3665 BEE RIDGE ROAD, SUITE 310		
CITY-ST-ZIP	SARASOTA, FL 34233		
DOCUMENT #		STREET ADDRESS	
NAME	CARRION, JAIME R	CITY-ST-ZIP	
STREET ADDRESS	3665 BEE RIDGE ROAD, SUITE 310		
CITY-ST-ZIP	SARASOTA, FL 34233		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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

4-4-08 941-923-4651
 Date Daytime Phone #

STAPLE CHECK HERE