

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY-1, 2007**

DOCUMENT # A06000000233

1. Entity Name

GAETA FAMILY LIMITED LIABILITY LIMITED  
 PARTNERSHIP



Principal Place of Business

Mailing Address

5220 HOOD ROAD, SUITE 100  
 PALM BEACH GARDENS FL 33418

5220 HOOD ROAD, SUITE 100  
 PALM BEACH GARDENS FL 33418

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAETA, LOUIS A JR  
 5220 HOOD ROAD, SUITE 100  
 PALM BEACH GARDENS FL 33418

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

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

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # L06000008267  
 NAME DIAMOND G FARMS, LLC  
 STREET ADDRESS 5220 HOOD ROAD, SUITE 100  
 CITY- ST- ZIP PALM BEACH GARDENS FL 33418

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
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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

AS m/m Louis A Gaeta Jr

4/11/07

Date

Daytime Phone #

FILED

2007 APR 30 AM 10:53



1st MOORE

CR2E003 (10/06)

STAPLE CHECK HERE