## 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

## SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A06000000233 1. Entity Name 08 MAY - 1 PM 12: 26 GAETA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 5220 HOOD ROAD, SUITE 100 5220 HOOD ROAD, SUITE 100 PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GAETA, LOUIS A JR Street Address (P.O. Box Number is Not Acceptable) 5220 HOOD ROAD, SUITE 100 PALM BEACH GARDENS, FL 33418 Zip Code City 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 300128113263 FILE NOW!!! FEE I\$ \$500.00 After May 1, 2008, Fee will be \$900.00 05/01/08--01034--010 \*\*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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. L06000008267 DOCUMENT # STREET ADDRESS DIAMOND G FARMS, LLC NAME STREET ADDRESS 5220 HOOD ROAD, SUITE 100 CffY-ST-7IP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statules. 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 Statules

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER DIAMOND G Farms,

SIGNATURE:

FILED