

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 18 AM 7:03

SECRETARY OF STATE
OFFICE OF THE SECRETARY OF STATE



1. Name of Limited Partnership DIGA LTD.		1a. DOCUMENT # A19132	
2. Mailing Address 5000 N. Ocean Blvd Suite, Apt. #, etc. Apt 1602 City & State Ft. Lauderdale, FL Zip 33308		2a. Principal Office Address 5000 N. Ocean Blvd Suite, Apt. #, etc. Apt 1602 City & State Ft. Lauderdale, FL Zip 33308	

3. Date Formed or Registered 02/18/1985	5a. Capital Contributions as Shown on record \$2,033,434.90
3a. Date of Last Report 12/03/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation NJ	
6. FEI Number 22-2576595	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired X	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SILJUNAS, VIDA 4900 NORTH OCEAN BLVD APT. 712 FT. LAUDERDALE FL 33062	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 2000002784352-1 Suite, Apt. #, etc. 02/23/99-01034-028 City ****535.00 ****535.00 FL
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) DIDZIULIS, JADVYGA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5000 N. OCEAN BLVD.#1602	11b. City, State & Zip Code FT. LAUDERDALE FL 33308	11c. Registration/Document Number 2/19/99
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

J. Didziulis

DATE

12/30/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)