2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY SEPTEMBER 8, 2004** LO8/27/04 DOCUMENT # A19132 1. Entity Name 14 AUG 12 PM 1:43 DIGA LTD. Principal Place of Business Mailing Address 5000 N. OCEAN BLVD. 5000 N. OCEAN BLVD. APT. 1602 APT. 1602 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business 4900 N. OCEAN BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (4/04) City & State City & State 4. FEI Number Applied For 22-2576595 RY THE LAUDERDALE Not Applicable Country C Zip \$8.75 Additional 5. Certificate of Status Desired 308 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name - - SILIUNAS; VIDA - - -Street Address (P.O. Box Number is Not Acceptable) 4900 NORTH OCEAN BLVD FT. LAUDERDALE FL 33062 33308 Zip Code 33 8. The above named entity submits this statement for the oprpose of changing its registered office or registered agent, or both, 11. FILE NOW!!! Due by September 8, 2004! in the State of Florida. I am familiar with, and accept the abligations of registered agent. See Block 11 instructions for fee info. If SIGNATURE YIDA SILIUNAS first notice was not received, check box Signature, typed or printed name of registered agent and title i and do not include \$400 late fee. 9. Capital Contributions 10. Amount of Capital Contributions \$2,033,434.90 in FLORIDA to date. as Shown on record 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME DIDZIULIS, JADVYGA STREET ADDRESS 5000 N. OCEAN BLVD.#1602 000040592340 08/27/94-01073-005 **535.00 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 DOCUMENT # STREET ADDRESS NAME 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-73P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER