

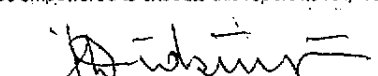


FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A19132				Feb 16, 2005 08:00 AM	
1. Entity Name DIGA LTD.				Secretary of State	
Principal Place of Business 5000 N. OCEAN BLVD. APT. 1602 FT. LAUDERDALE FL 33308		Mailing Address 4900 N. OCEAN BLVD. #712 LAUDERDALE BY THE SEA FL 33308			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.		1ST MOORE CR2E003 (10/04)	
City & State		City & State		4. FEI Number 22-2576595	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILIUNAS, VIDA 4900 NORTH OCEAN BLVD APT. 712 FT. LAUDERDALE FL 33308				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					
9. Capital Contributions as Shown on record.		\$2,033,434.90		10. Amount of Capital Contributions in FLORIDA to date.	
11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.					
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 #	NAME		STREET ADDRESS		
STREET ADDRESS	DIDZIULIS, JADVYGA		CITY- ST- ZIP		
CITY- ST- ZIP	5000 N. OCEAN BLVD.#1602 FT. LAUDERDALE FL 33308				
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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)(f), 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: 			Date: 2/7/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		