


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # PA32256</b> 1. Entity Name DIEZ BROS. PASTURE, LTD.					
Principal Place of Business P.O. BOX 1577 RIVERVIEW, FL 33569			Mailing Address P.O. BOX 1577 RIVERVIEW, FL 33569		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3097363	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  DIEZ, EARL 12721 HIGHWAY 301 SOUTH RIVERVIEW, FL 33569				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 title if applicable</small>					
9. Capital Contributions as Shown on record. \$10,001,996.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DIEZ, EARL		CITY-ST-ZIP		
STREET ADDRESS	12727 HIGHWAY 301 SOUTH		CITY-ST-ZIP		
CITY-ST-ZIP	RIVERVIEW, FL 33568		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DIEZ, ROBERT		CITY-ST-ZIP		
STREET ADDRESS	12727 HIGHWAY 301 SOUTH		CITY-ST-ZIP		
CITY-ST-ZIP	RIVERVIEW, FL 33568		CITY-ST-ZIP		
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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

**SIGNATURE:** Earl Diez **Earl Diez, Partner** 3-29-04 813-677-9360 or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Day/Time Phone #

STAPLE CHECK HERE