

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -9 AM 11: 54

1. Name of Limited Partnership ROBERT DIEZ FAMILY PARTNERSHIP, LTD.	1a. DOCUMENT # A93000000813
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Mailing Address 17723 LIVINGSTON AVENUE LUTZ FL 33549	Principal Office Address 17723 LIVINGSTON AVENUE LUTZ FL 33549
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 08/06/1993	5a. Capital Contributions as Shown on record. \$5,000,000.00
3a. Date of Last Report 10/21/1996	5b. Amount of Capital Contributions in FLORIDA to date: 454,688
4. State or Country of Formation FL	6. FEI Number 59-3199146
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to Dept. of State (See reverse side for fee information) 526.25	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent DIEZ, ROBERT 17723 LIVINGSTON AVENUE LUTZ FL 33549	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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) DIEZ, ROBERT DIEZ, PILAR O	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 17723 LIVINGSTON AVEN 17723 LIVINGSTON AVEN	11b. City, State & Zip Code LUTZ FL 33549 LUTZ FL 33549	11c. Registration/Document Number 3-10
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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 Robert Diez DATE 3/4/98
 Typed or Printed Name of General Partner Signing Form ROBERT DIEZ Daytime Telephone Number 9496952

CR2E003 (12/97)