

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A93000000813**  
 1. Entity Name  
**ROBERT DIEZ FAMILY PARTNERSHIP, LTD.**

**FILED**  
 Mar 03 2000 8:00 am  
 Secretary of State

Principal Place of Business      Mailing Address  
 17723 LIVINGSTON AVENUE      17723 LIVINGSTON AVENUE  
 LUTZ FL 33549      LUTZ FL 33549-5800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite: Apt. #, etc.      Suite: Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-3199146**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**DIEZ, ROBERT**  
**17723 LIVINGSTON AVENUE**  
**LUTZ FL 33549**

**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.  
 SIGNATURE: *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

9. Capital Contributions as Shown on record. **\$5,000,000.00**      10. Amount of Capital Contributions in FLORIDA to date.  
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>DIEZ, ROBERT</b> 17723 LIVINGSTON AVENUE LUTZ FL 33549
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>DIEZ, PILAR O</b> 17723 LIVINGSTON AVENUE LUTZ FL 33549
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<del>200003172502</del> 1 -03/16/00--01063--023 ****526.25 ****526.25
STREET ADDRESS CITY - ST - ZIP	<i>mf 3/15/00</i>
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS 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

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**      2-25-00      (813) 949-6952  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/99)