


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # A9300000813

1. Entity Name
ROBERT DIEZ FAMILY PARTNERSHIP, LTD.



Principal Place of Business
17723 LIVINGSTON AVENUE
LUTZ, FL 33549

Mailing Address
2827 MAX SMITH ROAD
LUTZ, FL 33549



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

03032004 Chg-LP CR2E003 (10/03)

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
2827 MAX SMITH ROAD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 **DIEZ, ROBERT**
 STREET ADDRESS **2827 MAX SMITH RD.**
 CITY-ST-ZIP **LUTZ, FL 33549**

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME **DIEZ, PILAR O**
 STREET ADDRESS **2827 MAX SMITH RD.**
 CITY-ST-ZIP **LUTZ, FL 33549**

STREET ADDRESS
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03/17/04-80003-005 526.25

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STAPLE CHECK HERE

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: *Diana Tripolino POA for Robert Diez* **3-6-04 (813)949-6952**