

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

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

**DOCUMENT # A93000000813**

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.

Suite, Apt. #, etc.

03032004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3199146**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIEZ, ROBERT**  
**2827 MAX SMITH ROAD**  
**LUTZ, FL 33549**

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

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

DATE

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

STREET ADDRESS  
 CITY-ST-ZIP

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

STREET ADDRESS  
 CITY-ST-ZIP

**000000090094**  
**03/17/04-80003-005 526.25**

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 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.

**DIANA TRIPOLINO, POA FOR ROBERT DIEZ**

SIGNATURE:

*Diana Tripolino POA for Robert Diez*

**3-6-04 (813)949-6952**

STAPLE CHECK HERE