


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013092 AT

DOCUMENT # A93000000813

1. Entity Name
ROBERT DIEZ FAMILY PARTNERSHIP, LTD.



FILED
03 APR 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2827 MAX SMITH RD.
LUTZ FL 33549

Mailing Address
2827 MAX SMITH RD.
LUTZ FL 33549



2. Principal Place of Business
17723 LIVINGSTON AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State
LUTZ FL

Zip
33549

Country

DUE BY MAY 1, 2003

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)
2827 MAX SMITH RD

City **LUTZ** FL Zip Code **33549**

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.

11. MAKE CHECK PAYABLE TO FL. 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	DIEZ, ROBERT 2827 MAX SMITH RD. LUTZ FL 33549
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DIEZ, PILAR O 2827 MAX SMITH RD. LUTZ FL 33549
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<i>[Handwritten Signature]</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500017037525
CITY-ST-ZIP	04/25/03--01048--007 **526.25
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: *Robert Diez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-18-03 **813-9496952**
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)