

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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A97000002742
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TIERRA HOLDINGS, LTD.

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Mailing Address 18904 ARBOR DRIVE LUTZ FL 33549	Principal Office Address 18904 ARBOR DRIVE LUTZ FL 33549
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2. Mailing Address 5456-A W. Crenshaw ST Suite, Apt. #, etc.	2a. Principal Office Address 5456-A W. Crenshaw ST Suite, Apt. #, etc.
City & State TAMPA	City & State TAMPA FL
Zip FL 33634	Country USA

3. Date Formed or Registered 12/15/1997	5a. Capital Contributions as Shown on record. \$550,140.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent SCAGLIONE, CARMEN YVONNE 18904 ARBOR DRIVE LUTZ FL 33549	10. If changed, new Registered Agent/Office Name SCAGLIONE CARMEN YVONNE Street Address (P.O. Box Number is Not Acceptable) 5456-A W. Crenshaw ST Suite, Apt. #, etc. City TAMPA Zip Code FL 33634
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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 3/11/98

**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) DIAMON S DEVELOPMENT CORPORA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 18904 ARBOR DRIVE	11b. City, State & Zip Code LUTZ FL 33549	11c. Registration/ Document Number P95000074277
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-03/24/98--01083--012  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

**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  DATE 3/11/98

Typed or Printed Name of General Partner Signing Form CARMEN YVONNE SCAGLIONE Telephone Number 813-884-3387

CR2E003 (12/97)