

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000007742

1. Entity Name
Tierra Holdings LTD.

mf

FILED
01 MAR -5 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

6028 Benjamin Rd. 6028 Benjamin Rd.
TAMPA FL 33634 TAMPA FL 33634

2. Principal Place of Business <u>15009 N. Florida Ave</u>		3. Mailing Address <u>15009 N. Florida Ave</u>	
Suite, Apt. #, etc. <u># 324</u>		Suite, Apt. #, etc. <u># 324</u>	
City & State <u>Tampa FL</u>		City & State <u>Tampa FL</u>	
Zip <u>33613</u>	Country <u>USA</u>	Zip <u>33613</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Seaglione, Carmen Yvonne
6028 Benjamin Rd.
TAMPA FL 33634

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]* DATE 2/5/01

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

9. Capital Contributions as Shown on record. <u>\$550,140.00</u>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	<u>P95000074277</u>
NAME	<u>Diamond S Development Corp.</u>
STREET ADDRESS	<u>18904 Arbor Drive</u>
CITY-ST-ZIP	<u>Lutz FL 33549</u>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<u>15009 N. Florida Ave # 324</u>
CITY-ST-ZIP	<u>TAMPA FL 33613</u>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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]* DATE 2/5/01 DAYTIME PHONE # 813-948-7899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)