



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

<b>DOCUMENT # A97000002742</b> 1. Entity Name <b>TIERRA HOLDINGS, LTD.</b>	
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Principal Place of Business <b>15009 N. FLORIDA AVE., #409 TAMPA, FL 33613</b>	Mailing Address <b>15009 N. FLORIDA AVE., #409 TAMPA, FL 33613</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**04 FEB -2 AM 10:35**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01202004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-3492953</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

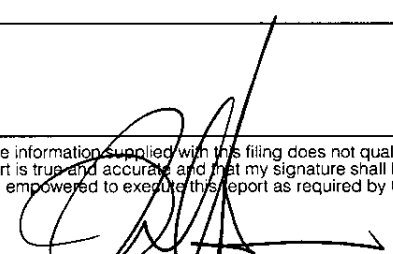
<b>6. Name and Address of Current Registered Agent</b>	
<b>SCAGLIONE, CARMEN YVONNE 6028 BENJAMIN ROAD TAMPA, FL 33634</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
9. Capital Contributions as Shown on record. <b>\$550,140.00</b>	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 #	P95000074277	STREET ADDRESS	<b>15009 N. Florida Ave #409</b>
NAME	DIAMON S DEVELOPMENT CORPORATION	CITY-ST-ZIP	<b>Tampa FL 33613</b>
STREET ADDRESS	15009 N. FLORIDA AVE., #324		
CITY-ST-ZIP	TAMPA, FL 33613		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		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:**  **M THOMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE