


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
2005 APR 29 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001934					
1. Entity Name DIASTI FLORIDA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2502 ROCKY POINT DRIVE SUITE 1000 TAMPA, FL 33607 US			Mailing Address 2502 ROCKY PIONT DRIVE SUITE 1000 TAMPA, FL 33607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3630595	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENDEE, BRETT 1700 SOUTH MACDILL AVENUE SUITE 200 TAMPA, FL 33607			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000.00			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 #	P99000102039		STREET ADDRESS		
NAME	DIASTI MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	2502 ROCKY POINT DRIVE, SUITE 1000				
CITY-ST-ZIP	TAMPA, FL 33607				
DOCUMENT #			STREET ADDRESS	200054927212	
NAME			CITY-ST-ZIP	05/25/05-01004 001 44158.75	
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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: <u>Terek Diasti, Pres</u>			Date: <u>4/22/05</u> Daytime Phone #: <u>(813) 288-1999</u>		

STAPLE CHECK HERE