

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 26 AM 8:30

DOCUMENT # B96000000244

1. Entity Name  
DISERIO PARTNERS LIMITED PARTNERSHIP



Principal Place of Business  
4 SAWGRASS VILLAGE DR  
STE. 130B  
PONTE VEDRA, FL 32082

Mailing Address  
4 SAWGRASS VILLAGE DR  
STE. 130B  
PONTE VEDRA, FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302005 Chg-LP CR2E003 (10/03)

4. FEI Number

59-3388691

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DISERIO, MATTHEW J  
4 SAWGRASS VILLAGE  
PONTE VEDRA, FL 32082

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DISERIO, MATTHEW J  
40 EAST 94TH ST., APT. 30-F  
NEW YORK, NY 10128

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/15/05

Date

904-2800615

Daytime Phone #

STAPLE CHECK HERE