

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # B96000000244 1. Entity Name DISERIO PARTNERS LIMITED PARTNERSHIP	
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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
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DO NOT WRITE IN THIS SPACE

03042008 No Chg-LP CR2E003 (12/06)

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 DISERIO, MATTHEW J 4 SAWGRASS VILLAGE PONTE VEDRA, FL 32082	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

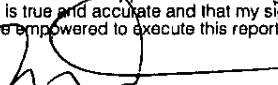
FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	DISERIO, MATTHEW J 40 EAST 94TH ST., APT. 30-F NEW YORK, NY 10128
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **MATTHEW J. DISERIO** 3/4/08 9042800615

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

STAPLE CHECK HERE