2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000014905

Entity Name: DIASTI HOLDINGS, LLC

2907 BAY-TO-BAY BLVD., SUITE 214

TAMPA, FL 33629

Address: City-St-Zip: FILED May 01, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
2502 NOR SUITE 100 TAMPA, F				
Current Mailing Address:		New Mailing Address:		
2502 NOR SUITE 100 TAMPA, F				
FEI Number:	: 59-3746453 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
SMITH, DA 101 EAST TAMPA, F	KENNEDY SUITE 2800			
	named entity submits this statement for the e of Florida.	e purpose of changing its registere	ed office or registered agent, or both	
SIGNATUR	RE:			
	Electronic Signature of Registered A	gent	Date	
MANAGING MEMBERS/MEMBERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete DIASTI FAMILY LIMITE, D PARTNERSHIP 1325 AIRMOTIVE WAY, SUITE 130 RENO, NV 89502	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete SMITH, DARRELL 101 E. KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete ROBBINS, LEE 2907 BAY-TO-BAY BLVD., SUITE 214 TAMPA, FL 33629	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete WILLIAMS, JENNIFER 401 E. JACKSON STREET TAMPA, FL 33602	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Delete LINKFIELD, CARY	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: ADAM DIASTI, DDS MGMR 05/01/2003