
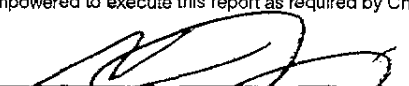


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000579					
1. Entity Name DIAMOND COURT, L.P., LTD.					
Principal Place of Business 1033 CLIFTON AVENUE CLIFTON NJ 07013			Mailing Address 1033 CLIFTON AVENUE CLIFTON NJ 07013		
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 22-3704572	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATTORNEY ROBERT STONE 302 SOUTH 2ND STREET FORT PIERCE FL 34950				7. Name and Address of New Registered Agent	
				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.		\$4,500.00		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 #	F00000001863			STREET ADDRESS	
NAME	MARJON, INC.			CITY-ST-ZIP	
STREET ADDRESS	1033 CLIFTON AVENUE				
CITY-ST-ZIP	CLIFTON NJ 07013				
DOCUMENT #				STREET ADDRESS	U000000363042
NAME				CITY-ST-ZIP	05/06/05-80016-020 150.00
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
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CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	<input type="checkbox"/> C
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: 				George Poydinecz 4/26/04 (973) 473-0115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE