2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Diplomatic Towers Management Co.

Jean Norsworthy, Secretary

SIGNATURE: BY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED DOCUMENT # A29251 TRIESTER/DIPLOMATIC TOWERS ASSOCIATES LIMITED 04 JAN 29 AH 9: 27 PARTNERSHIP SEGAETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 100 SEA BREEZE BLVD. 100 SEA BREEZE BLVD. DAYTONA BEACH, FL. 32188 DAYTONA BEACH, FL 32188 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/03) 01132004 Chq-LP Applied For 4. FEI Number City & State C4y & State Not Applicable 58-1867584 \$8.75 Additional Zip Zis. Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIPLOMATIC TOWERS MANAGEMENT COMPANY Street Address (P.O. Box Number is Not Acceptable) 100-101 SEABREEZE BLVD. DAYTONA BEACH, FL, FL 32118 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 10. Amount of Capital Contributions 9. Capital Contributions \$1,232,650.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # P99000062789 STREET ADDRESS DIPLOMATIC TOWERS MANAGEMENT COMPANY NAME 100-101 SEABREEZE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL DOCUMENT # STREET ADDRESS <u> 100027898641</u> 01/29/04--01072--001 **\$26.25 LIAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS DAI/E STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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