

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 17 AM 10:57

DOCUMENT # A29251

1. Entity Name
TRIESTER/DIPLOMATIC TOWERS ASSOCIATES LIMITED
PARTNERSHIP



Principal Place of Business
100 SEA BREEZE BLVD.
DAYTONA BEACH, FL 32188

Mailing Address
100 SEA BREEZE BLVD.
DAYTONA BEACH, FL 32188

2. Principal Place of Business

100 SEABREEZE BLVD.
Suite, Apt. #, etc.

3. Mailing Address

100 SEABREEZE BLVD.
Suite, Apt. #, etc.



02152005 Chg-LP CR2E003 (10/03)

City & State

DAYTONA BEACH, FL
Zip 32118 Country US

City & State

DAYTONA BEACH, FL
Zip 32118 Country US

4. FEI Number

58-1867584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIPLOMATIC TOWERS MANAGEMENT COMPANY
100-101 SEABREEZE BLVD.
DAYTONA BEACH, FL, FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

400019240784

03/28/05--01009--001 **526.25

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.

\$1,232,650.00

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 # P99000062789
NAME DIPLOMATIC TOWERS MANAGEMENT COMPANY
STREET ADDRESS 100-101 SEABREEZE BLVD.
CITY-ST-ZIP DAYTONA BEACH, FL

STREET ADDRESS

CITY-ST-ZIP

ADD ZIP CODE - 32118

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STANTON L. TRIESTER 2/16/05 (610) 667-5400

Date

Daytime Phone #

STAPLE CHECK HERE