


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 29 AM 11:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A31400 1. Entity Name DILLINGHAM HOLDINGS, LTD.	
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Principal Place of Business 801 BRICKELL AVE 16TH FLOOR MIAMI, FL 33131	Mailing Address 801 BRICKELL AVE 16TH FLOOR MIAMI, FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0256968	Applied For Not Applicable
Zip	Country	Zip	Country



01082004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	S43717 DILLINGHAM HOLDINGS, INC 801 BRICKELL AVE, 16TH FLOOR MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	000034811400 04/30/04--01018--028 **1093.75 #4158.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000001997 DILL. HLDGS. LTD. (BVI) 4 COLUMBUS CENTRE ROADTWN, TORTOLLA, BVI,	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: Mae Fee **4/12/04** **305-381-8340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #