

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**


FILED

2005 MAY -3 AM 8:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A31400**

1. Entity Name  
 DILLINGHAM HOLDINGS, LTD.




Principal Place of Business      Mailing Address  
 801 BRICKELL AVE      801 BRICKELL AVE  
 16TH FLOOR      16TH FLOOR  
 MIAMI, FL 33131      MIAMI, FL 33131

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01112005    Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
 65-0256968      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

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

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.    158.75

**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 #	S43717	STREET ADDRESS	
NAME	DILLINGHAM HOLDINGS, INC	CITY-ST-ZIP	
STREET ADDRESS	801 BRICKELL AVE, 16TH FLOOR		
CITY-ST-ZIP	MIAMI, FL 33131		800053549258
DOCUMENT #	F93000001997	STREET ADDRESS	05/02/05--01005--012 **1416.25
NAME	DILL. HLDGS. LTD. (BVII)	CITY-ST-ZIP	
STREET ADDRESS	4 COLUMBUS CENTRE		
CITY-ST-ZIP	ROADTWN, TORTOLLA, BVI.		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

*\$158.75*

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: *[Signature]*      4/7/05      305-381-8340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #