2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

DOCUMENT # B97000000551

			Due By	Sept	ember 7,	200:)			rli	LEU
	1. Entity Name	е	# B97000					\	SEC DIVISIO	RETAR Di ne (Y OF STATE TRPORATIONS
	DIPLOMAT PROPERTIES, LIMITED PARTNERSHIP)			AM 10: 02
ŀ	Principal Place of Business				Mailing Address			=			
	805 15TH STREET N.W., SUITE 1120 WASHINGTON, DC 20005				805 15TH STREET N WASHINGTON, DC 20		1120	d			
	2. Principal Pi	I Place of Business ol. #, etc.		3	. Mailing Address		-				
	Suite, Apt.				Suite, Apt. #, etc.			07072005	Chg-LP	CR2E0	03 (10/03)
	City & State	City & State			City & Stato			4. FEI Number 52-2056			Applied For Not Applicable
	Zip	Country			Zip Country				of Status Desired		\$8.75 Additional Fee Required
-	6. Name and Address of Current Registered Agent				istered Agent		Name	Address of New R	egistered #	\gent	
	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324							(P.O. Box Number	r is Not Acceptable	e)	
		.,					City				Zip Code
	8. The above named entity submits this statement for the purpose of changir					its register	FL				<u> </u>
	the obligations of registered agent. SIGNATURE										
	Signature, typed or printed name of registered agent and little if applicable,							 	DATE		
	9. Capital Contributions as Shown on record. \$100,000,000.00 in FLORIDA to date.					ibutions					
		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 CH	ANGES ON	_Y
	DOCUMENT # NAME	M03000001402 DIPLOMAT PROPERTIES, LLC			1120		REET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP	805 15TH STREET N.W., SUITE WASHINGTON, DC 20005					Y-ST-ZIP		90577	25:50	130
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	DOCUMENT #					STI	REET ADDRESS				
	STREET ADDRESS : CITY-ST-ZIP				<u> </u>		Y-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.										
	SIGNAT	IGNATURE: XANDO CO Moly							5	212	8/2-5924
	GIGITAL	911L.	SIGNATURE AND	KYPED OR PRI	YED NAME OF SIGNING GEN	ERAL PARTI	√ER	-///	Date		Paysine Phone #