2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000012168

1. Entity Name
WMC DIPLOMAT TRIANGLE, LLC

Principal Place of Business	Mailing Address
1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751	1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

01262005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0028156	Not Applicable
5. Certificate of Status Desired	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, KENNETH M
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLAYOTN, W. MALCOLM
STREET ADDRESS	5405 DIPLOMAT CIR., STE 100
CITY-ST-ZIP	ORLANDO, FL 32810

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00000229889
02/15/05-80017-025 $5.00

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   W. Malcolm Clayton   2/10/05   407-644-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #