

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012868 AT

**DOCUMENT # A02000001443**  
1. Entity Name  
**THE CRAFTING CO. OF DELRAY, LLLP**



FILED

2003 MAR 31 PM 12:33

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**15199 HARRISON ROAD  
DELRAY BEACH FL 33484**

Mailing Address  
**15199 HARRISON ROAD  
DELRAY BEACH FL 33484**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-1166008**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**FERRERA, KATHLEEN L  
8865 S.E. COMPASS ISLAND WAY  
JUPITER FL 33458**

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. **\$8,750.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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	
DOCUMENT #	FERRERA, KATHLEEN L
NAME	8865 S.E. COMPASS ISLAND WAY
STREET ADDRESS	JUPITER FL 33458
CITY-ST-ZIP	
DOCUMENT #	WARREN, PAMELA J
NAME	15199 HARRISON ROAD
STREET ADDRESS	DELRAY BEACH FL 33484
CITY-ST-ZIP	
DOCUMENT #	ODESKI, LAURIE L
NAME	3700 N.E. 12TH TERRACE
STREET ADDRESS	POMPANO BEACH FL 33064
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800012325218
CITY-ST-ZIP	02/11/03--01087--016 **61.25
STREET ADDRESS	
CITY-ST-ZIP	03/31/03--01038--002 **88.75
STREET ADDRESS	
CITY-ST-ZIP	
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: Pamela J. Warren **Pamela J. Warren** 1-24-03 (561) 498-3011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CRCE003 (10/02)