

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001181**

1. Entity Name

PEBB ENTERPRISES SHOPPES OF DELRAY LTD.

FILED

02 MAY -6 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1000 CORPORATE DRIVE, SUITE 210 FORT LAUDERDALE FL 33334**
Mailing Address: **1000 CORPORATE DRIVE, SUITE 210 FORT LAUDERDALE FL 33334**



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0675543** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENBERG, JEFFREY M
1000 CORPORATE DRIVE, SUITE 210
FORT LAUDERDALE FL 33334**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

9. Capital Contributions as Shown on record. **\$9,900.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
P96000039415	PEBB MANAGEMENT COMPANY, INC.	1000 CORPORATE DRIVE, SUITE 210	FORT LAUDERDALE FL 33334		

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*****158.05 ***158.05**

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: *Jeffrey M. Rosenberg* **ROSENBERG** 4/30/02 954-771-3905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)