

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007405 AF

**DOCUMENT # A99000000266**

1. Entity Name  
**DELRAY OFFICE PLAZA, LTD.**

**FILED**

*mf*

Principal Place of Business  
**2240 WOOLBRIGHT RD., SUITE 300  
BOYNTON BEACH FL 33426**

Mailing Address  
**2240 WOOLBRIGHT RD., SUITE 300  
BOYNTON BEACH FL 33426**

01 JAN 26 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **65-0895107**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**APPIGNANI, LOUIS J  
2240 WOOLBRIGHT RD., SUITE 300  
BOYNTON BEACH FL 33426**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$10,000.00**

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	
DOCUMENT #	<b>P99000014194</b>
NAME	<b>LJA PROPERTIES, INC.</b>
STREET ADDRESS	<b>2240 WOOLBRIGHT RD., SUITE 300</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
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	
CITY-ST-ZIP	
STREET ADDRESS	<b>300002654029--3</b>
CITY-ST-ZIP	<b>-02/06/01--01067--004</b>
	<b>****158.75 ****158.75</b>
STREET ADDRESS	
CITY-ST-ZIP	
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)(l), 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: *Louis J. Appignani* **1/24/01** Date Daytime Phone #

CR2E003 (11/00)