


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 FEB 28 AM 10:40

DOCUMENT # A99000000266 1. Entity Name DELRAY OFFICE PLAZA, LTD.					
Principal Place of Business 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426		Mailing Address 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01262005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0895107	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
APPIGNANI, LOUIS J 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426				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 _____					
<small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$10,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P99000014194		STREET ADDRESS		
NAME	LJA PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	2240 WOOLBRIGHT RD., SUITE 300				
CITY-ST-ZIP	BOYNTON BEACH, FL 33426				
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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: <u>Lois J. Appignani</u> 2/23/05 561-364-5500					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date Daytime Phone #</small>					

STAPLE CHECK HERE

AS

