2002 UNIFORM BUSINESS REPORT (L	JB	R
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DOCUMENT # A9900001049  1. Entity Name  TOWN SQUARE OF DELRAY ASSOCIATES, LTD.					FILED 02 FEB 20 AMII: 02				
									<del> </del>
Principal Place of Business Mailing Address  277 S.E. 5TH AVENUE 277 S.E. 5TH AVENUE					T.	SECRETARY OF S ALLAHASSEE, FL	ORIDA		
	ACH FL 33483	277 S.E. 5TH AVENUE DELRAY BEACH FL 33483	3						
2. Principal i	Place of Business	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2002				
City & Sta	te	City & State	City & State		4. FEI Number	65-0933513	Applied		
Zip	Country	Zip	Zip Country		5. Certificate o	f Status Desired	\$8.75 Additions		
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	Address of New Registere	Fee Required d Agent		
OLIOVOT.	EN OLDV			Name					
	EIN, CARY 5TH AVENUE			Street Address (P.O. Box Number is Not Acceptable)					
	BEACH FL 33483				181 1 10000 310				
				City Zip Code					
8. The above	e named entity submits this statement	for the purpose of changing its	register	ed office or registe	red agent, or both	, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered age	and title if continoble				DATE		<del>-</del>	
9. Capital Co	ontributions • • • • • • • • • • • • • • • • • • •	10. Amount of Capita		butions		11. MAKE CHECK PAYAB	10	ATE	
as Shown	on record.	in FLORIDA to da THAT IS A BUSINESS EN		UST BE REGIS	TERED AND A	SEE REVERSE SIDE I		10N 6 .35	
12.	NOTE: General Partners N	MAY NOT be changed on the ER INFORMATION	e form	i; an amendmei	nt must be filed	l to change a general p	artner.		
DOCUMENT #	P99000051575	ER INFORMATION	13.			ADDRESS CHANGES O	NLY		
NAME STREET ADDRESS	100 NORTH FEDERAL, INC. 277 S.E. 5TH AVENUE		SIRE	ET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY	-ST-ZIP				CR2E003 (9/01)	
DOCUMENT # NAME			STRE	ET ADDRESS				2	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		وں رسین رسی ہے رسین رسی رسی			
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DOCUMENT #			STRE	ET ADDRESS					
name Street address	}								
CITY-ST-ZIP DOCUMENT #			CIII.	-ST-ZiP					
NAME			STRE	ET ADDRESS					
STREET ADDRESS City-St-Z#P			CITY-	-ST-ZIP					
DOCUMENT / NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CiTY-	-ST-ZIP					
14. I hereby of indicated the receiv	certify that the information supplied wi on this report is true and accurate an er or trustee empowered to execute t	th this filing does not qualify for id that my signature shall have the transfer of the transf	the exer ne same er 620, F	mption stated in Se legal effect as if m forida Statutes	ction 119.07(3)(i), nade under oath; t	Florida Statutes. I further co hat I am a General Partner	ertify that the informa of the limited partner	ation ship or	

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/02 5612798952 Date Date Phone #

DOCUMENT # A31450  1. Entity Name  WELLINGTON MALL, LTD.					FILED 02 FEB 20 AM II: 02				
									Tracelive dit in med ele.
Principal Place			Mailing Address			TA	LLAHASSEE, FLUM		ď
675 ROYAL PALM BEACH BLVD 675 ROYAL PALM BEACH B ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33									
÷									
2. Principal Pl	lace of Busines	SS	3. Mailing Address			[			
Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · ·			DUE BY MAY 1, 200	2		
City & State	9		City & State		4. FEI Number 65-0164560			Applied For Not Applical	ole
Zip _		Country	Zip	Zip Cour		ntry 5. Certificate of Sta		8.75 Additional ee Required	
	6. Name a	nd Address of Currer	nt Registered Agent	····	Name	7. Name and A	ddress of New Registered A	gent	$\exists$
CARTALIA	ADIA CUDICI	TOPHER ESQ.			Name				_
	AL PALM BE				Street Address	ess (P.O. Box Number is Not Acceptable)			
ROYAL PA	alm Beach	FL 33411							
					City		FL	Zip Code	
8. The above	named entity	submits this statement	for the purpose of changing	g its register	ed office or registe	ered agent, or both	, in the State of Florida.		
SIGNATURE _	Signature, typed or	printed name of registered age	ent and title if applicable.				DATE		_
9. Capital Cor as Shown of		\$950,000.00	10. Amount of Ci		butions		11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR		
	A GI	NERAL PARTNER	THAT IS A BUSINESS	ENTITY N	UST BE REGIS	STERED AND A	CTIVE WITH THIS OFFICE I to change a general part	ner.	
12.	NOIL.		ER INFORMATION	13.			ADDRESS CHANGES ONL		
DOCUMENT #	589080	TANAADIA MIMILI V. CA	MCED INC	STR	EET ADDRESS				CR2E003 (9/01)
NAME STREET ADDRESS CITY-ST-ZIP	JESS SANTAMARIA/WALLY SANGER, INC.  675 ROYAL PALM BCH BLVD  ROYAL PALM BEACH FL		CITY	CITY-ST-ZIP					
DOCUMENT #				STR	EET ADDRESS				12
NAME STREET ADDRESS -CITY-ST-ZIP				CITY	r-st-zip	70	00049614	 -37`≃==6	
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STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP		Flatter of the second	6. shad sha (1.6	
14. I hereby of indicated the receiver	certify that the on this report	Intormation supplied wis true and accurate an	ith this filing does not qualified that my signature shall he this report as required by C	ry for the exe ave the sam thapter 620	emption stated in S le legal effect as if Florida Statutes	ection 119.07(3)(i) made under oath;	, Florida Statutes. I further cert that I am a General Partner of	the limited partnership	or

SIGNATURE:

1/30/02 (561) 793-2350
Date Date Daytime Prome #