

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A01000001605

1. Entity Name

MALLORY SQUARE DELRAY, LTD.

FILED

02 MAY 13 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

MALLORY SQUARE DELRAY LTD - SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

277 SE 5TH AVENUE

City & State

City & State

DELRAY BEACH, FL

Zip 33483

Country

Zip

Country

PALM BEACH

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

65-1155149

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MALLORY SQUARE DEVELOPMENT CORP.

Street Address (P.O. Box Number is Not Acceptable)

277 SE 5TH AVENUE

City

DELRAY BEACH

FL

Zip Code

33483

**DO NOT WRITE  
IN THIS SPACE**

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

\$2050,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

100.00

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 # ~~CARY GLICKSTEIN~~  
NAME ~~277 SE 5TH AVENUE~~  
STREET ADDRESS ~~DELRAY BEACH, FL 33483~~  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700005664187--4  
-06/03/02--01024--006

DOCUMENT # Mallory Square Development Corp.  
NAME 277 SE 5th Avenue  
STREET ADDRESS Delray Beach, FL 33483  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

\*\*\*141.25 \*\*\*141.25

DOCUMENT #  
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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: X

3/26/12 5612798952

CR2E003B (12/01)