

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**FILED**  
**Apr 20, 2005**  
**Secretary of State**

DOCUMENT# A04000001837

**Entity Name:** ASTOR - DELRAY, LLLP

**Current Principal Place of Business:**

1515 N. FEDERAL HIGHWAY, SUITE 300  
BOCA RATON, FL 33432

**New Principal Place of Business:**

1515 S FEDERAL HIGHWAY, SUITE 300  
BOCA RATON, FL 33432

**Current Mailing Address:**

1515 N. FEDERAL HIGHWAY, SUITE 300  
BOCA RATON, FL 33432

**New Mailing Address:**

1515 S FEDERAL HIGHWAY, SUITE 300  
BOCA RATON, FL 33432

FEI Number: 27-0109957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEFFREY A. DEUTCH, P.A.  
7777 GLADES ROAD, SUITE 300  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 7,500.00

**Amount of Capital Contributions in Florida to date:** 7,500.00

**GENERAL PARTNER INFORMATION:**

Document #: L04000084512  
Name: ALTMAN ASTOR GP, LLC  
Address: 1515 S. FEDERAL HIGHWAY, SUITE 300  
City-St-Zip: BOCA RATON, FL 33432

**ADDRESS CHANGES ONLY:**

Address: 1515 S FEDERAL HIGHWAY, SUITE 300  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOEL L. ALTMAN, DIRECTOR

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04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date