AND PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 02 SEP 19 PM 1: 40

LIMITED



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED

	PARTN	IER	SHIP
1	REINST	ATE	MENT

A04814

DOCUMENT # 1. Name of Limited Partnership

PLAZA DELRAY, LTD.

ewstatemen i

	1987-
i	2002

	,*				
2. Principal Office Address 141 NW 20th St.	3. Mailing Office Addr 141 NW 20th		4. Date Formed or Registered To Do Business in Florida March	22, 1976	
Suite, Apt. #, etc. Suite G122	Suite, Apt. #, etc. Suite G122		5. FEI Number Applied For Not Applicable 112377159 Not Applicable		
City & State Boca Raton, FL	City & State Boca Raton	, FL		Additional Fee require r a Certificate of Status	
Zip Country USA	Zip 33431	Country USA	7a. Capital Contributions as shown on Record 60,000.00		
8. Name and Address	of Current Registered Ag	ent	7b. Amount of Capital Contributions in FLORII	OA to date:	
Name David R. Margolis Street Address (P.O. Box Number is Not Acceptable 141 NW 20th Street	:)		1.) Filing Fee(s): Computed at a rate of \$7 per \$1 in 7b, with a minimum filing fee of \$52.50 and for each year due this office. 2.) Supplemental Foo(s): \$29.75 for each year die	a maximum of \$437,50,	
Suite, Apt. #, Etc. Suite G122 City State Zip Code		2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
Boca Raton FL 33431					

Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

For signature, please see below.

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10.	Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a.	Registration Document Number
All	I Three, Ltd.	141 NW 20th St., Suite G122	Boca Raton, FL 33431		00001589
Col	lin Development Corp.	1520 Northern Blvd.	Manhasset, NY 11030	100	,000004923
			70000785 -09/19/02- **15072.5	+0109	875 8005 15020.00
					\$-100

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11.	Ldo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of
	Corporations from any liability of page-compliance with Section 110 07(3)(i) to the great that the information and extending the page compliance with Section 110 07(3)(ii) to the great that the information and the extending the page compliance with Section 110 07(3)(ii) to the great that the information and the extending the page compliance with Section 110 07(3)(ii) to the great that the page compliance with Section 110 07(3)(iii) to the great that the page compliance with Section 110 07(3)(iii) to the great that the page compliance with Section 110 07(3)(iii) to the great that the page compliance with Section 110 07(3)(iii) to the great that the page compliance with Section 110 07(3)(iii) to the great that the page compliance with Section 110 07(3)(iii) to the great that the page compliance with Section 110 07(3)(iii) to the great that the page compliance with Section 110 07(3)(iii) to the great that the page compliance with Section 110 07(3)(iii) to the great that
	Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated
	on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or
	arustee empowered to execute this report as required by chapter 620. Florida Statutes,
	All Torget Ltd. By Clobal Tech USA IIC its gonoral names or

SIGNATURE 4

Manager Typed or Printed Name of General Partner Signing Form

561-338-3426

Telephone Number