2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI		A12380						
DELAND PLAZA ASSOCIATES, LTD.					•	FILED		
Principal Place of Business Mailing Address Millestone Properties. INC. 150 E. PALMETTO PARK RD., 4TH FLOOR BOCA RATON FL 33432 Mailing Address Mailing Address						00 MAR -8 PM 3: 38 SECRETARY OF STATE TAXABLE SEE EL ORIDA		
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				,		DO NOT WRITE IN THIS SPACE		
City & State City & State						13-312324/	Applied For Not Applicable	
Zip Country Zip			Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name			
THE PRENTICE HALL CORPORATION SYSTEM, INC.								
1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525								
					City	FL Zip C	ode	
SIGNATURE _ 9. Capital Coras Shown of	Signature, typed or print ntributions	ed name of registered agent and to \$2,063,999.99	tte if applicable. (NOTI 10. Amount of Capiti in FLOR/DA to d	al Contri	od Agent signature required	when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. SEE REVERSE SIDE FOR FEE INF		
	A GEN	ERAL PARTNER THA	T IS A BUSINESS EN	TITY M	UST BE REGIST	FERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.		
12.		GENERAL PARTNER IN		13.	, an amendmen	ADDRESS CHANGES ONLY		
DOCUMENT#	P39190 WASHINGTON GENERAL CORPORATION				EET ADORESS	30000317909	31	
NÁME Street Address City-St-Zip	450 E DALLIETTO DADIC DD. OLUTE 400			CITY	'-ST-ZIP	-03/22/0001010011 *****88.75 *****88.75		
DOCUMENT# NAME		,		STR	EET ADDRESS	3000031790 9 3	37	
STREET ADDRESS City - St - ZIP					-ST-ZIP	-03/22/UU01010012 ****287.50 ****287.50		
DOCUMENT# NAME			•	STR	EET ADDRESS	300003179093 		
STREET ADDRESS CITY-ST-ZIP	·		-	СПҮ	'-ST-ZIP	****150.00 ****	150.00	
DOCUMENT / NAME STREET ADDRESS				STRI	EET ADORESS			
CITY-ST-ZIP				CITY	/-ST-ZIP			
DOCUMENT# NAME STREET ADMAESS	•			STRI	EET ADDRESS			
CITY*ST-				CITY	'-ST-ZIP	<u></u> -		
NAME STREET ADDRESS	,				EET ADDRESS			
CITY-ST-ZIP		at a late of	Blandan		-ST-ZIP	nation 110 07/2V/) Florida Statutas I further appliful that the	in information	
indicated	on this report is tr	ue and accurate and that	t my signature shall have	the sam	e legal effect as if n	ection 119.07(3)(i), Florida Statutes. I further certify that the nade under oath; that I am a General Partner of the limited	d partnership or	