2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A	1	79	48
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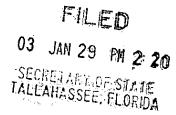
1. Entity Name MARGATE SHOPPING PLAZA LTD.



Principa	I Place	of Bus	sines
1607 Ñ.	STATE	ROAD	#7
MARGAT	E FL		

Mailing Address P.O. BOX 241

COLLINGSWOOD NJ 08108





2. Principal Place	of Business	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2003						
City & State		City & State	City & State			22-2570905	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6.	. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
MARGATE PROPERTIES, INC. 19667 NE 36 COURT APT. 19-A TURNBERRY ISLE S.			Name Street Address (P.O. Box Number is Not Acceptable)						
							1		
n. Miami Bea	•			City	FL Zip Code				
	ed entity submits this statement for registered agent.	or the purpose of cha	anging its register	ed office or regis	stered agent, or both	, in the State of Florida. I am fa	amiliar with, and accept		
SIGNATURE	ture, typed or printed name of registered agent	and title if applicable				DATE			
9. Capital Contribu	utions \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION.							
J-47 -	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 PARTNE	R INFORMATION	13.			ADDRESS CHANGES ONL	.Y		
DOCUMENT / S13451 NAME MARGATE PROPERTIES, INC.		STR	EET ADDRESS	M	/				
	NAME AND DESCRIPTION OF THE PROPERTY OF THE PR		CITY	Y-ST-ZIP	1710				
DOCUMENT # NAME	•		STR	EET ADDRESS			•		
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP	01/29/0		¥526.25		
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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:

STAPLE CHECK HERE

Daytime Phone #