

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A19222 1. Entity Name DELRAY COLD STORAGE ASSOCIATES, LTD.			
Principal Place of Business 785 S. CONGRESS AVE. DELRAY BEACH, FL 33445-4656		Mailing Address 785 S. CONGRESS AVE. DELRAY BEACH, FL 33445-4656	
2. Principal Place of Business 500 NE 185 ST.		3. Mailing Address 500 NE 185 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33179		Zip 33179	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-2497397		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KREISBERG DELRAY MANAGEMENT CO., INC. 500 NE 185 ST MIAMI, FL 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>			
9. Capital Contributions as Shown on record. \$862,500.00		10. Amount of Capital Contributions in FLORIDA to date.	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L90384	STREET ADDRESS	
NAME	KREISBERG DELRAY MGMT CO	CITY-ST-ZIP	
STREET ADDRESS	500 NE 185 ST.		
CITY-ST-ZIP	MIAMI, FL 33179		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			
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: <i>Julian Kreisberg</i> JULIAN KREISBERG		4/18/05 305-653-6678	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE

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