

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012468 AT

DOCUMENT # **A19222**

1. Entity Name  
**DELRAY COLD STORAGE ASSOCIATES, LTD.**



**FILED**

03 MAY -6 PM 7:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

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 |         | 3. Mailing Address  |         | DUE BY MAY 1, 2003  |                                       |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |                                       |
| City & State                   |         | City & State        |         | 4. FEI Number <b>59-2497397</b>                           | Applied For<br>Not Applicable         |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent   |  |
| <b>KREISBERG DELRAY MANAGEMENT CO., INC.<br/>251 CRANDON BOULEVARD<br/>#500<br/>KEY BISCAYNE FL 33149</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |   |  |
|--|---|--|
| 9. Capital Contributions as Shown on record. <b>\$862,500.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|--|---|--|

**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 #                      | <b>L90384</b>                   | STREET ADDRESS           |  |
| NAME                            | <b>KREISBERG DELRAY MGMT CO</b> | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | <b>251 CRANDON BLVD., #500</b>  |                          |  |
| CITY - ST - ZIP                 | <b>KEY BISCAYNE FL</b>          |                          |  |
| DOCUMENT #                      |                                 | STREET ADDRESS           | <b>000018291340</b>                      |
| NAME                            |                                 | CITY - ST - ZIP          | <b>05/06/03 - 01043 - 010 - **526.25</b> |
| STREET ADDRESS                  |                                 |                          |  |
| CITY - ST - ZIP                 |                                 |                          |  |
| DOCUMENT #                      |                                 | STREET ADDRESS           |  |
| NAME                            |                                 | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                 |                          |  |
| CITY - ST - ZIP                 |                                 |                          |  |
| DOCUMENT #                      |                                 | STREET ADDRESS           |  |
| NAME                            |                                 | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                                 |                          |  |
| CITY - ST - ZIP                 |                                 |                          |  |
| DOCUMENT #                      |                                 | STREET ADDRESS           |  |
| NAME                            |                                 | CITY - ST - ZIP          |  |
| 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: *Michael Kreisberg* **REQUIREMENT** *Michael Kreisberg* **4/24/04** **305 653 4678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE