

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21839**

1. Entity Name

LA GRANGE PLAZA ASSOCIATES A DELAWARE LIMITED PA

Principal Place of Business

**1500 E. PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33432**

Mailing Address

**1500 E. PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33486-3308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3337317

Applied For

Not Applicable

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

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,520,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
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 #	P39190
NAME	WASHINGTON GENERAL CORP.
STREET ADDRESS	1500 E. PALMETTO PARK ROAD
CITY - ST - ZIP	BOCA RATON FL 33432
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	
CITY - ST - ZIP	400003179104--5
STREET ADDRESS	-03/22/00--01010--014
CITY - ST - ZIP	****150.00 ****150.00
STREET ADDRESS	600003179106--8
CITY - ST - ZIP	-03/22/00--01010--015
STREET ADDRESS	*****88.75 *****88.75
CITY - ST - ZIP	
STREET ADDRESS	400003179104--5
CITY - ST - ZIP	-03/22/00--01010--016
STREET ADDRESS	****287.50 ****287.50
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:

SIGNATURE REQUIRED

Robert Mandor 1/28/00 (561)394-9533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Day

Daytime Phone #

CR2E003 (9/99)

FILED

00 MAR -8 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE