


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A30959</b>	
<b>1. Entity Name</b> PTR DELRAY LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445	<b>Mailing Address</b> 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 65-0235721	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
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FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445
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<b>7. Name and Address of New Registered Agent</b>
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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.**

<b>SIGNATURE</b> <i>Signature, typed or printed name of registered agent and title if applicable</i>	<b>DATE</b>
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<b>9. Capital Contributions</b> as Shown on record. \$1,000.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date. \$1,000.00	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> SEE REVERSE SIDE FOR FEE INFORMATION
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**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.**

<b>12. GENERAL PARTNER INFORMATION</b>	<b>13. ADDRESS CHANGES ONLY</b>
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<b>DOCUMENT #</b> F93000000695	<b>NAME</b> JF PROPERTIES CORP.	<b>STREET ADDRESS</b> 600 CENTRAL AVE., #365	<b>CITY - ST - ZIP</b> HIGHLAND PARK IL 60035
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
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04/07/04-80010-017 141.25

**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**

<b>SIGNATURE:</b> Nathan Wagner, Treas. 3/22/2004 (847) 432-3666	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</b>	<b>Date</b>	<b>Daytime Phone #</b>
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STAPLE CHECK HERE