

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012450 AT

**DOCUMENT # A30959**



FILED

03 APR 16 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name  
**PTR DELRAY LIMITED PARTNERSHIP**

Principal Place of Business  
**4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33445**

Mailing Address  
**4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0235721**

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

**FELNER, JAY**  
**4182 LIVE OAK BLVD.**  
**DELRAY BEACH FL 33445**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,000.00**

11. **MAKE CHECK PAYABLE TO FL. 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 change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F9300000695**  
NAME **JF PROPERTIES CORP.**  
STREET ADDRESS **600 CENTRAL AVE., #365**  
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT # **FELNER, JAY**  
NAME **JAY**  
STREET ADDRESS **4182 LIVE OAK BLVD.**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

STREET ADDRESS **600016105126**  
CITY-ST-ZIP **04/16/03--01031--012 \*\*141.25**

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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 of the partnership as required by Chapter 620, Florida Statutes

By: Robert U. Goldman, V.P. 3/25/03 (847) 432-3666

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

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20101 6002303