2000 UNIFORM BUSINESS REPORT (UBR)

A32193 DOCUMENT # 1. Entity Name FILED DEL MAR PARTNERS LIMITED 00 FEB 15 PM 2: 57 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA % NORMAN P. ZUCKER % NORMAN P. ZUCKER 7301-A W PALMETTO PARK RD #305C 7301-A W PALMETTO PARK RD #305C **BOCA RATON FL 33433 BOCA RATON FL 33433-3466** 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 303B Suite 303B Applied For City & State City & State 4. FEI Number 65-0289553 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZUCKER, NORMAN P. Street Address (P.O. Box Number is Not Acceptable) 7301A WEST PALMETTO PARK ROAD, SUITE 305-C **BOCA RATON FL 33433** Suite 303B 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,089,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS PROPERTY PLANNING GROUP OF FLORIDA. INC. MARAS 7301-A WEST PALMETTO PARK RD STREET ADDRESS CRY-ST-ZIP BOCA RATON FL 33433 CITY-ST-7IP DOCUMENT# STREET ADDRESS <u>000003148760</u> STREET ADDRESS CITY-ST-ZIP -02/28/00--01017--002 CITY-ST-ZIP ****535.00 ****535.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 eath; 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

<u>(561) 368–334</u>3

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