DO2 UNIFORM BUSINESS REPORT (UBR)

A9700000536 **DOCUMENT #** itity Name DELRAY HOLDINGS, LTD. Principal Place of Business Mailing Address

APPROVEI AND FILED

02 APR -8 AM 11:59

SECRETARY OF STATE FAELAHASSEE, FLORIDA

	Commercial BLVD Suite 200 Ale FL 33309	1900 WEST COMMERCIAL BLVD., SUITE 200 FT. LAUDERDALE FL 33309							
2. Principal P	face of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DUE BY MAY	1, 2002		
City & State	9 .	City & State			4. FEI Number	65-0743080		Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired) \$ {	8.75 Additional e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
BOYLE, CONRAD J 500 EAST BROWARD BLVD., SUITE 1950				Street Addre	ess (P.O. Box Number is	s Not Acceptable)			
FT. LAUDERDALE FL 33394								\	
·				City	City FL Zip				
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 a		<u> </u>	11. MAKE CHECK PA	DATE	O DEDT OF STATE			
Capital Cor as Shown of		l Contrit ite.	utions				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						ADDRESS CHANGE	SONLY		
DOCUMENT #								ľ	
NAME	KEENAN INVESTMENTS, L.C. 1900 WEST COMMERICAL BLVD. #200 FT. LAUDERDALE FL 33309			TREET ADDRESS					
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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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: