2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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## FILED DOCUMENT # A97000002190 1. Entity Name DELRAY LIMITED PARTNERSHIP 03 MAY -1 PM 2: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3103 PHILMONT AVENUE 3103 PHILMONT AVENUE **HUNTINGDON VALLEY, PA 19006** HUNTINGDON VALLEY, PA 19006 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 23-2929049 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 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. SIGNATURE -Signature, typed or printed rame of registered agent and title if applicable MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$9,500.00 as Shown on record. \$9,500.00 in FLORIDA to date. 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 charge a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P94000082800 DOCUMENT # STREET ADDRESS <u>000017632000</u> 05/01/03--01003--005 \*\*155.25 TOLL FL GP CORP. NAME 3103 PHILMONT AVE STREET ADDRESS CITY - ST-7IP **HUNTINGDON VALLEY, PA 19006** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP 14. I hereby certify that the information supplied with this filling 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

Kenneth J. Gary, Sr. VP of Toll FL GP Corp.,

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER GENERAL PARTNER

4/25/03

(2<u>15) 938–8</u>000

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