2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000862

1. Entity Name

UPJOHN-DELRAY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O JAMES K. GRIFFIN. JR. 1401 EAST BROWARD BLVD.. SUITE 302 FT LAUDERDALE FL 33301-2116	C/O MARK PORATH 16133 VENTURA BLVD.. STE 1400 ENCINO CA 91436-2447

FILED

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip	Country	Zip	Country	4. FEI Number 95-4168001 6	Applied For / Not Applicable

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
GRIFFIN, JAMES K JR VICTORIA PARK CENTER 1401 EAST BROWARD BLVD., SUITE 302 FT LAUDERDALE FL 33301-2116	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record.	**$3,582,803.65**	10. Amount of Capital Contributions in FLORIDA to date. $ 6,611,65Y	11. **MAKE CHECK PAYABLE TO 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 filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # L98000000385 NAME FL RFC/WA GP, L.C. STREET ADDRESS 1401 EAST BROWARD BLVD., SUITE 302 CITY-ST-ZIP FT LAUDERDALE FL 33301-2116	STREET ADDRESS CITY-ST-ZIP	400003354094---5 -08/11/00---01086---003 ****526.00 ****525.50
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CR2E003 (9/99)

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: SIGNATURE REQUIRED
See Signature Block Attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

818/385-0005

Date   Daytime Phone #