
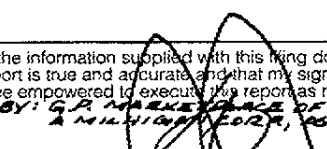


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001425					
1. Entity Name MARKETPLACE OF DELRAY, LTD.					
Principal Place of Business 3399 PGA BLVD., SUITE 450 PALM BEACH GARDENS FL 33410			Mailing Address 3399 PGA BLVD., SUITE 450 PALM BEACH GARDENS FL 33410		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0843275 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PETER D. CUMMINGS & ASSOCIATES, INC. 3399 PGA BLVD., SUITE 450 PALM BEACH GARDENS FL 33410				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$800,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$675,000.00		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 filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F98000003244		STREET ADDRESS		
NAME	G.P. MARKETPLACE OF DELRAY, INC. ✓		CITY-ST-ZIP		
STREET ADDRESS	3399 PGA BLVD., SUITE 450				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410				
DOCUMENT #			STREET ADDRESS	U00000087937	
NAME			CITY-ST-ZIP	03/15/04-80030-010 526.25	
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STREET ADDRESS					
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 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. BY: G.P. MARKETPLACE OF DELRAY, INC. A. MILLIGAN, ESQ., AS GENERAL PARTNER					
SIGNATURE: 			2-27-04 (562) 630-6110		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE