

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001952

1. Entity Name

DELRAY CAPITAL LIMITED PARTNERSHIP

Principal Place of Business

16469 BRIDLEWOOD CIRCLE  
DELRAY BEACH FL 33445

Mailing Address

16469 BRIDLEWOOD CIRCLE  
DELRAY BEACH FL 33445-6679

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:45



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11500 EL Clair Ranch

3. Mailing Address

11500 EL Clair Ranch Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach, FL

4. FEI Number

65-0855628

Applied For

Not Applicable

Zip

33437

Country

USA

Zip

33437

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELRAY CAPITAL CORP.

16469 BRIDLEWOOD CIRCLE

DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11500 EL Clair Ranch Road

City

Boynton Beach

FL

Zip Code

33437

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]*  
Signature of registered agent and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/00

9. Capital Contributions  
as Shown on record.

\$1,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

DOCUMENT # P98000065665  
NAME DELRAY CAPITAL CORP.  
STREET ADDRESS 16469 BRIDLEWOOD CIRCLE  
CITY - ST - ZIP DELRAY BEACH FL 33445

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

11500 EL Clair Ranch Rd.

CITY - ST - ZIP

Boynton Beach FL 33437

STREET ADDRESS

CITY - ST - ZIP

7000003136467--5

STREET ADDRESS

CITY - ST - ZIP

-02/15/00--01118--011

\*\*\*\*535.00 \*\*\*\*535.00

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/31/00 561-737-5805

CR2E003 (9/99)