

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 JAN 16 AM 8:45

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



01092004 Chg-LP CR2E003 (10/03)

**DOCUMENT # A99000000266**  
1. Entity Name  
**DELRAY OFFICE PLAZA, LTD.**



Principal Place of Business  
**2240 WOOLBRIGHT RD., SUITE 300  
BOYNTON BEACH, FL 33426**

Mailing Address  
**2240 WOOLBRIGHT RD., SUITE 300  
BOYNTON BEACH, FL 33426**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

4. FEI Number  
**65-0895107**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**APPIGNANI, LOUIS J  
2240 WOOLBRIGHT RD., SUITE 300  
BOYNTON BEACH, FL 33426**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	P99000014194	STREET ADDRESS	
NAME	LJA PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2240 WOOLBRIGHT RD., SUITE 300		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		
DOCUMENT #		STREET ADDRESS	400027111544
NAME		CITY-ST-ZIP	01/16/04-01060-009 **158.75
STREET ADDRESS			
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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

**SIGNATURE:** *Louis Appignani* **1/12/04** **561-364 5500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE