

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

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000001049**

1. Entity Name  
TOWN SQUARE OF DELRAY ASSOCIATES, LTD.



Principal Place of Business  
277 S.E. 5TH AVENUE  
DELRAY BEACH, FL 33483

Mailing Address  
277 S.E. 5TH AVENUE  
DELRAY BEACH, FL 33483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01192004 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0933513

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

GLICKSTEIN, CARY  
277 S.E. 5TH AVENUE  
DELRAY BEACH, FL 33483

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

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

DATE

9. Capital Contributions  
as Shown on record. \$400,000.00

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 # P99000051575  
NAME 100 NORTH FEDERAL, INC.  
STREET ADDRESS 277 S.E. 5TH AVENUE  
CITY - ST - ZIP DELRAY BEACH, FL 33483

STREET ADDRESS

CITY - ST - ZIP

000000103632  
04/05/04 080606 019 526.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Cary Glickstein

2/20/04 561-279-8952

DATE Daytime Phone #

STAPLE CHECK HERE