

2001 UNIFORM BUSINESS REPORT (UBR)

0000292 AF

DOCUMENT # B00000000277

1. Entity Name

D.X. PROPERTY, LP.

FILED

01 APR 27 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1400 CENTREPARK BLVD., STE 1000
WEST PALM BEACH FL 33401

Mailing Address

1400 CENTREPARK BLVD., STE 1000
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

580 W. Germantown Pike

Suite, Apt. #, etc.

Suite 200

City & State

Plymouth Meeting, Pa

Zip

19402

Country

4. FEI Number

23-3058129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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.

ANN J. WILLIAMS

SIGNATURE Assistant Vice President

Signature, typed or printed name of registered agent and who is acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

9. Capital Contributions
as Shown on record.

\$10,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # M00000001805
NAME D X PROPERTY LLC
STREET ADDRESS 100 CENTURY BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33417

STREET ADDRESS

6000004138576--0

CITY-ST-ZIP

-05/07/01--01051--020

*****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

6000004138576--0

CITY-ST-ZIP

-05/07/01--01051--021

*****70.00 *****70.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-25-01

Date

825-7100

Daytime Phone #

CR2E003 (11/00)