

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90020 046 \*\*\*\*50.00

**DOCUMENT # L01000013920**

1. Entity Name

**DELRAY COMMERCE CENTER, LLC**

Principal Place of Business

C/O ZENITH REALTY INVESTMENTS I. LTD.  
 1000 EAST HILLSBOROUGH BLVD., STE. 100  
 DEERFIELD BEACH FL 33441

Mailing Address

C/O ZENITH REALTY INVESTMENTS I. LTD.  
 1000 EAST HILLSBOROUGH BLVD., STE. 100  
 DEERFIELD BEACH FL 33441

00048155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1134321

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAYNE, SHAWN  
 200 EAST BROWARD BLVD., STE. 1900  
 FT LAUDERDALE FL 33301

Name **SCOTT BRENNER**

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

1000 E. HILLSBORO BLVD #100  
 City **DEERFIELD BEACH** FL Zip Code **33441**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **DIRECTOR**  
 STREET ADDRESS **MALCOLM BUTTERS**  
 CITY-ST-ZIP **1000 E. HILLSBORO BLVD #100 DEERFIELD BEACH FL 33441**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **DIRECTOR**  
 STREET ADDRESS **MARK BUTTERS**  
 CITY-ST-ZIP **1000 E. HILLSBORO BLVD #100 DEERFIELD BEACH FL 33441**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

*[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)