


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

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03-31-2003 90001 035 \*\*\*\*50.00

<b>DOCUMENT # L99000001239</b>					
1. Entity Name <b>DELRAY ESTUARY, L.C.</b>					
Principal Place of Business <b>666 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442</b>			Mailing Address <b>666 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0921448</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPCO, INC. 2899 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33133</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PORTEN, SCOTT</b>		NAME		
STREET ADDRESS	<b>666 SOUTH MILITARY TRAIL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>COREN, GEORGE J</b>		NAME		
STREET ADDRESS	<b>666 SOUTH MILITARY TRAIL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Member James Naaci</b>	
STREET ADDRESS			STREET ADDRESS	<b>666 S. Military Trail</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Deerfield Beach FL 33442</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Member Stephen Porten</b>	
STREET ADDRESS			STREET ADDRESS	<b>666 S. Military Trail</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Deerfield Beach FL 33442</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <b>SIGNATURE GEORGE J COREN</b>		Date: <b>APR 24 2003</b>		Daytime Phone #: <b>954 422 1883</b>	

CR2E083 (10/02)