


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2004 08:00 AM
Secretary of State**

DOCUMENT # L99000004342 1. Entity Name DELRAY SHOPPING ASSOCIATES, L.C.	
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Principal Place of Business 2101 CORPORATE BLVD., N.W. STE 300 BOCA RATON, FL 33431	Mailing Address 2101 CORPORATE BLVD., N.W. STE 300 BOCA RATON, FL 33431
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01272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0948649	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

WEISMAN, WILLIAM S
2101 CORPORATE BLVD., NW
STE 300
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000030435
02/04/04-80109-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, DEBRA 800 NW 62 ST., #200 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEIMBERG, PAUL 7015 BERACASA WAY., #204 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEIMBERG, DENISE 7015 BERACASA WAY., #204 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEISMAN, WILLIAM 2101 CORPORATE BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEISMAN, LAUREN 2101 CORPORATE BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

1/27/04 561-989-0300
Day Daytime Phone #