2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # L9900004342

1. Entity Name

Principal Place of Business

DELRAY SHOPPING ASSOCIATES, L.C.



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90036 028 ****50.00

Suite, Apt. 4, etc. Suite Apt. 4, etc. Grey & State Crisy & State Cris	2101 CORPORATE BLVD., N.W. STE 300 BOCA RATON FL 33431			2101 CORPORATE BLVD., N.W. STE 300 BOCA RATON FL 33431				20006473					
Suite, Apt. 4, etc. City 4 State City 4 State City 5 State City 6 State City 6 State City 6 State City 6 State City 7 State	2. Principal Place of Business												
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S. Name and Address of Current Registered Agent WISMAN, WILLIAM S 2101 COPPORATE BLVD., NW STE 300 BOCA RATION FL 33431 City FL Zip Code Street Address of New Registered Agent with, and accept more originations of registered agent. SIGNATURE WISMAN, WILLIAM S 2101 COPPORATE BLVD., NW STE 300 BOCA RATION FL 33431 City FL Zip Code	City & State			City & State			4. FEIN	lumber	65-0948649			· · · · · · · · · · · · · · · · · · · 	
6. Name and Address of Current Registered Agent WEISMAN, WILLIAM S 2101 CORPORATE BLVD, NW STE 300 BDCA RATON FL 33431 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature types or press season of registered agent and the Flophabon. (NOTE registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES COPIES, 17-20 FI LAUDERDALE FL THE MGR COHEN, STEVEN MARE MGR COHEN, STEVEN MGR COHEN, STE	Zip Country			Zip		itrv							
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Street Address (PO. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, tiped or phited never of registered agent and site if applicables. PICTE. Propisited Agent registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	WE	O MALLINA MAMPI				Name							
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SIGNATURE Signature Superior Super						City				FL	Zip Co	de	
SQUIRBLE NORMAL PRINTED IN PRINTE	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.												
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9. MANAGING MEMBERS / MANAGERS TITLE NAME COHEN, STEVEN SITRET ADDRESS CITY-ST-ZIP TITLE MGR COHEN, DEBRA C	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R					d Agent signature	required when reinstatin	g)		DATE		_	
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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 of truster proposered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: