

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011289 AT

DOCUMENT # A04757 1. Entity Name 7400 ASSOCIATES LTD.	
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FILED

03 APR 16 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7400 N.W. 5TH STREET PLANTATION FL 33317	Mailing Address 7400 N.W. 5TH STREET PLANTATION FL 33317
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-2104490	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TRUPKIN, DENIS P.
7400 N.W. 5TH ST.
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name _____

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

City _____ State **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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NACHT, EDWARD S.	STREET ADDRESS	
NAME	7400 N.W. 5TH ST.	CITY - ST - ZIP	
STREET ADDRESS	PLANTATION FL		
CITY - ST - ZIP			
DOCUMENT #	TRUPKIN, DENIS P.	STREET ADDRESS	
NAME	7400 N.W. 5TH ST.	CITY - ST - ZIP	
STREET ADDRESS	PLANTATION FL		
CITY - ST - ZIP			
DOCUMENT #	BABYAK, GEORGE	STREET ADDRESS	
NAME	7400 N.W. 5TH ST.	CITY - ST - ZIP	
STREET ADDRESS	PLANTATION FL		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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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: SIGNATURE REQUIRED Denis / Trupkin Denis I Trupkin
4-03-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE