

2001 UNIFORM BUSINESS REPORT (UBR)

0006161 AF

DOCUMENT # A93000000089
1. Entity Name
 1490, LTD.

FILED

Principal Place of Business 1512 EAST BROWARD BLVD., SUITE 200 FT. LAUDERDALE FL 33301
Mailing Address 1512 EAST BROWARD BLVD., SUITE 200 FT. LAUDERDALE FL 33301

01 MAR 05 PM 11:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MCCRORY, J W
 1512 EAST BROWARD BLVD., SUITE 200
 FT. LAUDERDALE FL 33301

4. FEI Number 65-0417552
 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$990.00
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P93000002807	STREET ADDRESS	
NAME	CASTLE LOCK, INC.	CITY-ST-ZIP	700003819537--9 -03/08/01--01110--011 ***141.25 ***141.25
STREET ADDRESS	1512 EAST BROWARD BLVD., SUITE 200		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		
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STREET ADDRESS			
CITY-ST-ZIP			

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: *J. Walter McCrory*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: 2-10-01 Daytime Phone #: 954-462-6124

CR2E003 (11/00)