

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002625 AV

DOCUMENT # A93000000089

1. Entity Name
1490, LTD.



FILED

03 APR 30 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0417552** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MCCRORY, J W
1512 EAST BROWARD BLVD., SUITE 200
FT. LAUDERDALE FL 33301

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

9. Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION

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	
DOCUMENT #	P93000002807
NAME	CASTLE LOCK, INC.
STREET ADDRESS	1512 EAST BROWARD BLVD., SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	04/30/03--01067--021 **141.25
STREET ADDRESS	000017580930
CITY-ST-ZIP	04/30/03--01067--021 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]* **WALTER Mc CRORY 4/23/03 954-462-1624**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE