2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000644

1. Entity Name

1850 ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
140 N. FEDERAL HIGHWAY. SUITE #200 BOCA RATON FL 33432.	140 N. FEDERAL HIGHWAY. SUITE #200 BOCA RATON FL 33432

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY MAY 1, 2002**
City & State	City & State	**4. FEI Number** 65-0728470 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5. Certificate of Status Desired** ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, MICHAEL A ESQ.
140 N. FEDERAL HIGHWAY, SUITE #200
BOCA RATON FL 33432

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 _____

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

9. Capital Contributions as Shown on record. $500.00	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 # P96000029074 NAME 1850, INC. STREET ADDRESS 140 N. FEDERAL HIGHWAY, SUITE #200 CITY-ST-ZIP BOCA RATON FL 33432	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

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: _____   1-17-02   392-8525

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