2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

CHECK

STAPLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Apr 13, 2004 08:00 AM Secretary of State DOCUMENT # A98000002599 1. Entity Name 140 ASSOCIATES, LTD. Principal Place of Business Mailing Address 140 NORTH FEDERAL HIGHWAY, SUITE #200 BOCA RATON FL 33432 140 NORTH FEDERAL HIGHWAY, SUITE #200 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E003 (11/03) City & State 4. FEI Number Applied For City & State 65-0878223 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TALBOTT, GREGORY K 140 NORTH FEDERAL HIGHWAY, SUITE #200 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P98000098124 STREET ADDRESS 140 ASSOCIATES, INC. NAME STREET ADDRESS 140 NORTH FEDERAL HIGHWAY, SUITE #200 U00000119787 CITY-ST-78 CITY-ST-ZE" **BOCA RATON FL 33432** <u> 04/20/04-80003-008 150 00</u> BOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCKIMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-73P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information symplied with this filling 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 appurate and that my signature shall have the same legal effect as if made under path, that I am a General Partner of the limited partnership or the receiver or trustee empowered accuse this report as required by Chapter 620, Florida Statutes

FILED

Davlime Phone #