2001 UNIFORM BUSINESS REPORT (UBR)

000791 AF

DOCUMENT # A96000000644

1. Entity Name

1850 ASSOCIATES, LTD.

FILED

01 JAN 16 PM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
111 BOCA RATON RD. BOCA RATON FL 33432	111 BOCA RATON RD. BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
140 N. Federal Highway	140 N. Federal Highway
Suite, Apt. #, etc.: Suite # 200	Suite, Apt. #, etc.: Suite # 200
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. FEI Number 65-0728470 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHROEDER, MICHAEL A ESQ.
SCHROEDER AND LARCHE, P.A.
1 BOCA PLACE, 2255 GLADES RD., #319 ATRIUM
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 140 N. Federal Hwy. Suite 200

City: Boca Raton FL Zip Code: 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$500.00		

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	STREET ADDRESS	140 N. Federal Hwy. # 200
NAME	1850, INC.	CITY-ST-ZIP	Boca Raton, FL 33432
STREET ADDRESS	1 BOCA PLANCE, #311E/2255 GLADES ROAD		
CITY-ST-ZIP	BOCA RATON FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400003576834--6
STREET ADDRESS			-01/26/01--01068--018
CITY-ST-ZIP			****150.00 ****150.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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 _____ Date _____ (561) 392-8525 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER