2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 JAN 22 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000644

1. Entity Name

1850 ASSOCIATES, LTD.

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

Mailing Address
140 N. FEDERAL HIGHWAY. SUITE #200
BOCA RATON FL 33432

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

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

DUE BY MAY 1, 2002

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

5. Certificate of Status Desired [X] $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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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	STREET ADDRESS	
NAME	1850, INC.	CITY-ST-ZIP	
STREET ADDRESS	140 N. FEDERAL HIGHWAY, SUITE #200		
CITY-ST-ZIP	BOCA RATON FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

200004831202 7
-01/28/02--01076--022
****150.00 ****150.00

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

561

SIGNATURE: Geoffrey Talbott 1-17-02 392-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (6/91)