

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

DOCUMENT # A96000000644		
1. Entity Name 1850 ASSOCIATES, LTD.		

POSTED
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 12 AM 10:38



MOORE CR2E003 (11/03)

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

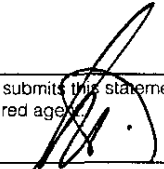
4. FEI Number 65-0728470	Applied For ☐ Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHROEDER, MICHAEL A ESQ. 140 N. FEDERAL HIGHWAY, SUITE #200 BOCA RATON FL 33432

7. Name and Address of New Registered Agent	
Name GREGORY K. TALBOTT	
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.

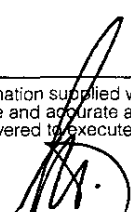
SIGNATURE 	DATE 4/5/04
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9. Capital Contributions as Shown on record. \$500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A 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	400034514534
NAME		CITY-ST-ZIP	04/29/04--01005--021 **150.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: 	DATE 4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone #

STAPLE CHECK HERE