FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

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				98 OCT 30 PM 2: 04	
1. Name of Limited Partnership	1a. DOCUMENT # A24077			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
145 ASSOCIATES, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	d 5a. Capital Contributions as Shown on record.	
408 N. WILD OLIVE AVE.	408 N. WILD OLIVE AVE.	408 N. WILD OLIVE AVE.			
DAYTONA BEACH FL 32118	DAYTONA BEACH FL 32118		3a. Date of Last Report	\$99,000.00	
			11/12/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formati	ion to date:	
Suite, Apt. #, etc.	Suite Ant # etc	Suite, Apt. #, etc.			
Suite, 7-pt. #, 6to.	oune, Apr. W. Glo.		6. FEI Number 58-1734496	Applied For Not Applicable	
City & State	City & State	City & State			
Zip Country	Zip	Country	7. Certificate of Status Desired	Fee Required Ppt. of State (See reverse side for fee information)	
			O. Mano Chock payable to: Do	SPE OF GRADE (GRAD TOTAL SIZE FOR THE THIOTHER GOT)	
9. Name and Address of Current Registered Agent Name		Nees	10. If changed, new Registered Agent/Office		
TAMM, R. FLIGENE					
649 OVERLOOK TR.		Street Addre	ddress (P.O. Box Number Is Not Acceptable)		
PORT ORANGE FL 32127	Suite, Apt. #		etc.		
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment)DATE					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo		11b. City, State & Zip Code	11c. Registration/ Document Number	
14 REALTY CORP.	211 BROADWAY		LYNNBROOK, LONG ISLAN	F9700005158	
f.			S0000; -11/ ***	26795691 03/9801086021 *526.25 ****526.25	
			A	NOV - 2 1998	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE Oct. 24.

Typed or Printed Name of General Partner Signing Form Daniel Wiener, Pres. 14 Realty Corp paytime Telephone Number 516 599-3700