

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 APR -8 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A24077  
1. Entity Name

145 ASSOCIATES, LTD.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

99 West Hawthorne Avenue

Suite, Apt. #, etc.

Suite 218

City & State

Valley Stream, N.Y.

Zip

11580

Country

Nassau

3. Mailing Address

P.O. Box 460

Suite, Apt. #, etc.

City & State

Valley Stream, N.Y.

Zip

1580

Country

Nassau

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number

58-1734496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporate Service Co.

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code  
32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

99,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

0-

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

FA7000005258  
14 Realty Corp.  
99 West Hawthorne Avenue  
Valley Stream, N.Y. 11580

STREET ADDRESS

CITY-ST-ZIP

300005258913--9

04/12/02-01114-021

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/02

Date

516 593-0660

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE