


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A24077	
1. Entity Name 145 ASSOCIATES, LTD.	

Principal Place of Business 99 W. HAWTHORNE AVENUE, SUITE 218 VALLEY STREAM NY 11580	Mailing Address PO BOX 460 VALLEY STREAM NY 11582
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 58-1734496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	F97000005158	STREET ADDRESS	
NAME	14 REALTY CORP.	CITY-ST-ZIP	
STREET ADDRESS	99 W. HAWTHORNE AVENUE, SUITE 218		
CITY-ST-ZIP	VALLEY STREAM NY 11580		
DOCUMENT #		STREET ADDRESS	U000000687788
NAME		CITY-ST-ZIP	04/10/07-80054-013 500.00
STREET ADDRESS			
CITY-ST-ZIP			
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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 exemptions contained in Chapter 119, 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:

David M.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/26/07
Date

516593.0660
Daytime Phone #

STAPLE CHECK HERE