2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2008 Feb 01, 2008 08:00 AM DOCUMENT # A24077 **Secretary of State** 1. Entity Name 145 ASSOCIATES, LTD. Principal Place of Business Mailing Address 99 W. HAWTHORNE AVENUE, SUITE 218 PO BOX 460 VALLEY STREAM, NY 11580 VALLEY STREAM, NY 11582 01072008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1734496 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. F97000005158 DOCUMENT # NAME 14 REALTY CORP. STREET ADDRESS 99 W. HAWTHORNE AVENUE, SUITE 218 CITY-ST-ZIP VALLEY STREAM, NY 11580 DOCUMENT # NAME STREET ADDRESS 000000812238 02/12/08-80037-022 500.00 CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CJTY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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, his report as required by Chapter 620, Florida Statutes

WIENER DANIEL

CITY-ST-ZIP

SIGNATURE: