

2001 UNIFORM BUSINESS REPORT (UBR)

70001 001 AF

DOCUMENT # A26494

1. Entity Name

2500 ASSOCIATES, LTD.

FILED

01 JAN 16 PM 4:36

Principal Place of Business

111 E. BOCA RATON RD.
BOCA RATON FL 33432

Mailing Address

111 E. BOCA RATON RD.
BOCA RATON FL 33432

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

140 N. Federal Highway

3. Mailing Address

140 N. Federal Highway

Suite, Apt. #, etc.
Suite # 200

Suite, Apt. #, etc.
Suite # 200

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

4. FEI Number
59-2793506

Applied For
Not Applicable

Zip
33432

Country
USA

Zip
33432

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALBOTT, GREGORY K.
111 E. BOCA RATON RD.
BOCA RATON FL 33432

Name

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

140 N. Federal Highway
Suite 200

City Boca Raton FL Zip Code 33432

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$2,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M82867**
NAME **TALBOTT PARTNERS, INC.**
STREET ADDRESS **2255 GLADES RD STE 311E**
CITY-ST-ZIP **BOCA RATON FL**

STREET ADDRESS **140 N. Federal Highway #200**
CITY-ST-ZIP **Boca Raton, FL 33432**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
400003576824--7
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-11-01 392-8525
Date Daytime Phone #

CR2E003 (11/00)