

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
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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

Date

Daytime Phone #

1-11-01 392-8525

CR2E003 (11/00)