

2002 UNIFORM BUSINESS REPORT (UBR)

0003667 AV

DOCUMENT # A26494	
1. Entity Name 2500 ASSOCIATES, LTD.	
Principal Place of Business 140 N. FEDERAL HIGHWAY, STE. #200 BOCA RATON FL 33432	Mailing Address 140 N. FEDERAL HIGHWAY, STE. #200 BOCA RATON FL 33432

FILED
02 JAN 22 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2793506	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired X \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TALBOTT, GREGORY K. 140 N. FEDERAL HIGHWAY, STE. #200 BOCA RATON FL 33432		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.

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

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
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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	STREET ADDRESS	
NAME	TALBOTT PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	140 N. FEDERAL HIGHWAY, STE. #200		
CITY-ST-ZIP	BOCA RATON FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
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

1-17-02 561 392-8528
Date Daytime Phone #

CR2E003 (9/01)