

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**POSTED  
FILED**

**Apr 13, 2004 08:00 AM  
Secretary of State**

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2793506

Applied For

Not Applicable

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.  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 FL, 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 140 N. FEDERAL HIGHWAY, STE. #200  
CITY- ST- ZIP BOCA RATON FL 33432

STREET ADDRESS

CITY- ST- ZIP

U00000119789

04/20/04-80003-010 150.00

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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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/15/04

STAPLE CHECK HERE