

**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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 59-2793506	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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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

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	DATE
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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
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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		U00000119789
CITY - ST - ZIP	BOCA RATON FL 33432		04/20/04-80003-010 150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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:	DATE	Daytime Phone #
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STAPLE CHECK HERE

4/15/04