2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A26494 1. Entity Name 2500 ASSOCIATES, LTD. 05 JUN 10 AM 8: 37 Principal Place of Business Mailing Address 140 N. FEDERAL HIGHWAY, STE. #200 140 N. FEDERAL HIGHWAY, STE, #200 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LP 01172005 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-2793506 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TALBOTT, GREGORY K. Street Address (P.O. Box Number is Not Acceptable) 140 N. FEDERAL HIGHWAY, STE. #200 BOCA RATON, FL 33432 City 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 10. Amount of Capital Contributions \$2,000.00 as Shown on record. in FLORIDA to date 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 M82867 DOCUMENT # STREET ADDRESS TALBOTT PARTNERS, INC. NAME STREET ADDRESS 140 N. FEDERAL HIGHWAY, STE. #200 CITY-ST-7IP CITY-ST-7IP BOCA RATON, FL 33432 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 600056447076 06/22/05--01056--010 \*\*538. CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP and with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate 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 equal this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information supply indicated on this report is to the receiver or trustee empty 6-2-05 *392 -852*5 SIGNATURE: