


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001334 AV

DOCUMENT # A94000000662

1. Entity Name
240 PARTNERS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 29 PM 1:58

1/30

Principal Place of Business
3519 BAYSHORE VILLAS DRIVE
COCONUT GROVE FL 33133

Mailing Address
3519 BAYSHORE VILLAS DRIVE
COCONUT GROVE FL 33133



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0488249	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LEVITT, MORRIS D 3519 BAYSHORE VILLAS DRIVE COCONUT GROVE FL 33133			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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$312,249.00	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 #	LEVITT, MORRIS D 3519 BAYSHORE VILLAS DRIVE COCONUT GROVE FL 33133	STREET ADDRESS	300011193273 01/29/03--01088--009 **526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: *Morris D Levitt* **REQUIRED** 1/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)