

2002 UNIFORM BUSINESS REPORT (UBR)

0011698 AT

DOCUMENT # **A98000000854**

1. Entity Name
45TH OFFICE PARTNERS, LTD.

FILED

2002 APR 15 PM 3:14

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business 2442 METROCENTRE BLVD. WEST PALM BEACH FL 33407	Mailing Address 2442 METROCENTRE BLVD. WEST PALM BEACH FL 33407
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0824565** 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

**N.E.Q., INC.
2442 METROCENTRE BLVD.
WEST PALM BEACH FL 33407**

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. **\$1,500,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **0** 11. **MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000029078 N.E.Q., INC. 2442 METROCENTRE BLVD. WEST PALM BEACH FL 33407	STREET ADDRESS CITY-ST-ZIP	
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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: **Thomas F. Gibson** Date **3/20/02** Daytime Phone # **561-689-0220**

CR2E003 (9/01)