UN		LIMITED M BUSINI						'		
DOCUMENT # A9800002294  1. Entity Name BIG RED ASSOCIATES, LTD.  Principal Place of Business 40 N. FEDERAL HIGHWAY. SUITE #200 BOCA RATON FL 33432  Mailing Address 140 N. FEDERAL HIGHWAY. SUITE #200 BOCA RATON FL 33432							FILED 2003 JAN 28 AM 9: 59			
						200	DIVIDION OF CORPORATIONS ALLAHASSEE, FLORIDA			
2. Principal P	Place of Busine	ess	3. Mailing Address ,							
Suite, Apt. #, etc.			Suite	, Apt. #, etc.		<u> </u>	DUE BY MAY 1, 2003			
City & Stat	e	····	City & State				4. FEI Numbe	65-0867297	Applied Fo	
Zip					Countr	у	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
	6. Name a	and Address of Current	Registered	d Agent	_	None	7. Name and	Address of New Registe	ered Agent	
TALBOTT, GREGORY K C/O TALBOTT REALTY, INC.					_	Name Street Address (P.O. Box Number is Not Acceptable)				
111 EAST BOCA RATON ROAD						<u>.                                    </u>				
BOCA RATON FL 33432						City FL Zip Code				
3. The above	named entity	submits this statement fo	or the purpo	se of changing its r	registered	d office or regist	ered agent, or both	, in the State of Florida.	I am familiar with, and acc	ept
the obligat	tions of register	red agent.								
		printed name of registered agent							DATE	
9. Capital Co as Shown	on record.	\$1,000.00	Amount of Capital Contributions     in FLORIDA to date.			<del></del>	SEE REVERSE SID	ABLE TO FL. DEPT. OF STA E FOR FEE INFORMATION	.TE	
								CTIVE WITH THIS OF I to change a genera		
12. GENERAL PARTNER INFORMATION								ADDRESS CHANGE		
OOCUMENT # NAME	ME BIG RED ASSOCIATES, INC.  140 N. FEDERAL HWY., STE. #200					r address				
TREET ADDRESS CITY-ST-ZIP				· <u>-</u>	CITY-S	ST-ZIP				
OCUMENT #					STREET	r adoress		<del></del>		
STREET ADDRESS CITY-ST-ZIP						ST-ZIP	700011136567 01/28/0301067010 **150.00			
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ITY-ST-ZIP		<b>\\</b> /			CITY-S	T-ZIP				

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 arctirate 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 projection that I am a General Partner of the limited partnership or the receiver or trustee empowered projection that I am a General Partner of the limited partnership or the receiver or trustee empowered projection that I am a General Partner of the limited partnership or the receiver or trustee empowered projection that I am a General Partner of the limited partnership or the receiver or trustee empowered projection that I am a General Partner of the limited partnership or the receiver or trustee empowered projection that I am a General Partner of the limited partnership or the receiver or trustee empowered projection that I am a General Partner of the limited partnership or the receiver or trustee empowered projection that I am a General Partner of the limited partnership or the receiver or trustee empowered projection that I am a General Partner of the limited partnership or the receiver or trustee empowered projection that I am a General Partner of the limited partnership or the receiver or trustee empowered projection that I am a General Partner of the limited partnership or the receiver of trustee empowered projection that I am a General Partner of the limited partner of the limited partnership or the limited partnership or the limited partner of the limited partnership or the limited partner of the limited partnership or the limited par