

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002599
 1. Entity Name
140 ASSOCIATES, LTD.

FILED
 02 JAN 28 PM 3:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
140 NORTH FEDERAL HIGHWAY, SUITE #200 **140 NORTH FEDERAL HIGHWAY, SUITE #200**
BOCA RATON FL 33432 **BOCA RATON FL 33432**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DUE BY MAY 1, 2002
 4. FEI Number **65-0878223** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TALBOTT, GREGORY K
140 NORTH FEDERAL HIGHWAY, SUITE #200
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 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. **\$1,000.00**
 10. Amount of Capital Contributions in FLORIDA to date.
 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000098124 140 ASSOCIATES, INC. 140 NORTH FEDERAL HIGHWAY, SUITE #200 BOCA RATON FL 33432
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13. ADDRESS CHANGES ONLY	
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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: *[Signature]* **Signature and Typed or Printed Name of Signing General Partner**
Gregory K. Talbott, President 1/25/02 392-8525
 Date Daytime Phone #

CR2E003 (9/01)