


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003788 AV

**DOCUMENT # A98000002599**

1. Entity Name  
**140 ASSOCIATES, LTD.**



FILED  
03 JAN 28 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
**140 NORTH FEDERAL HIGHWAY, SUITE #200  
BOCA RATON FL 33432**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

**DUE BY MAY 1, 2003**

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. 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. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	<b>P98000098124</b>
NAME	<b>140 ASSOCIATES, INC.</b>
STREET ADDRESS	<b>140 NORTH FEDERAL HIGHWAY, SUITE #200</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200011196512</b>
CITY-ST-ZIP	<b>01/28/03--01067--009 **141.25</b>
STREET ADDRESS	
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CITY-ST-ZIP	

CR2E003 (10/02)

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]* **Talbott** **1-23-03** **392-8525**

561  
392-8525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #