2002	UNIFORM BUS	INESS REPO	ORT	(UBF	R) :-	APPROVEL	
DOCUI		00000200				FILE OF L	
142ND STREET ASSOCIATES LIMITED PARTNERSHIP					.02 F	EBAN 80 AM210;20	O ;
					SEC	RETARY OF STAT AHASSEE, FLOR	ID'A
Principal Plac ONE IBM PLA CHICAGO IL	IZA. SUITE 2630	Mailing Address ONE IBM PLAZA. SUITE 2630 CHICAGO IL 60611					
Principal Place of Business     3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002			
City & State	e	City & State		4. FEI Number	36-4293575	Applied For Not Applicable	
Zip	Country	Country Zip		Country 5. Certifi		of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current		Recistered Agent		Τ	7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Name			
				Street Ac	ddress (P.O. Box Number	ss (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324							
				City		F	Zip Code
8. The above	named entity submits this statement f	or the purpose of changing it	s register	ed office or	registered agent, or both	, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable.		<u></u>		DAT	TE
9. Capital Contributions as Shown on record. \$1,000.00 In FLORIDA to date				ibutions	ons 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.		
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS E	NTITY N	MUST BE F	REGISTERED AND A	CTIVE WITH THIS OFF	FICE.
12.	GENERAL PARTNE		13.			ADDRESS CHANGES	
DOCUMENT #	F99000002579 142ND STREET CORP.			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			Cit	r-st-zip			
DOCUMENT #				REET ADDRESS 800050270083		70083	
STREET ADDRESS City-St-Zip			CIT	Y-ST-ZIP	Account 44 OF appared 41 OF		****141.25
DOCUMENT# NAME	·		STR	EET ADDRESS			
STREET ADDRESS City-ST-Zip			CIT	Y-ST-ZIP			
DOCUMENT # NAME		•	STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	r-St-ZIP			
DOCUMENT / NAME \$			STR	EET ADDRESS			
STREET ADORESS CITY-ST-ZIP			ĊIT	r-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	7-ST-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 appurate 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