

2001 UNIFORM BUSINESS REPORT (UBR)

0000202 AF

DOCUMENT # A14645
 1. Entity Name
OKEE SQUARE ASSOCIATES LTD.

FILED

Principal Place of Business Mailing Address
% THE GOODMAN COMPANY **% THE GOODMAN COMPANY**
777 S. FLAGLER DRIVE, SUITE 1101E **777 S. FLAGLER DRIVE, SUITE 1101E**
WEST PALM BEACH FL 33401 **WEST PALM BEACH FL 33401**

01 MAY -1 PM 12:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

4. FEI Number Applied For
59-1453879 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SHEWALTER, WILLIAM A
% THE GOODMAN COMPANY
777 SOUTH FLAGLER DRIVE, SUITE 1101E
WEST PALM BEACH FL 33401

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$5,932,903.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$5,932,903** 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 #	P93000004507
NAME	OKEE SQUARE, INC.
STREET ADDRESS	777 S. FLAGLER DRIVE
CITY-ST-ZIP	W. PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

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******535.00 ****535.00**

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

OKEE SQUARE, INC. general partner
SIGNATURE: *William A. Shewalter* WILLIAM A. SHEWALTER, VICE PRESIDENT
4-23-01 561-833-3777
 Date Daytime Phone #

CR2E003 (11/00)