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2002 UNIFORM BUSINESS REPORT (UDOCUMENT # A28640 1. Entity Name CLEARLAKE SQUARE PARTNERS, LTD.							O2 APR 11 AM 8: SECRETARY OF ST TALLAHASSEE, FLO						TATE		
Principal Place of Business %LOTHAR ESTEIN 5211 INTERNATIONAL DR. ORLANDO FL 32819 2. Principal Place of Business			Mailing Address %LOTHAR ESTEIN 5211 INTERNATIONAL DR. ORLANDO FL 32819 3. Mailing Address												
Suite, Apt.	#, etc.	iv	Suite, Apt. #, etc.			-	DUE BY MAY 4 0000								
City & State	e		City & State		DUE BY MAY 1, 2002 4. FEI Number					Applied F	or				
Zip	·	Country	Zip	Zip Count			5. Certificate of	65-01290 Status Desired		\$8	8.75 e Req	Not Applic	cable		
6 Name and Address (and Address of Current	urrent Registered Agent		1		7. Name and A	ddress of Nev	v Registere						
ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO FL 32819 8. The above named entity submits this statement for the purpose of changi				e register	City		O. Box Number		F	L	Zip (Code			
SIGNATURE		or printed name of registered agent		s register	ed office of te	391S1 G 1 G1	u agent, or both,	THE STATE OF	DAT	E			· .		
9. Capital Contributions as Shown on record. \$2,000,000.00 10. Amount of Capital in FLORIDA to date					butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION									
	A C	ENERAL PARTNER General Partners M	THAT IS A BUSINESS E AY NOT be changed on	NTITY M	IUST BE RE	EGISTI dment	ERED AND AC	TIVE WITH to change a	THIS OFF	ICE. partn	er.				
12.		GENERAL PARTNE		13.				ADDRESS (
DOCUMENT # NAME ! STREET ADDRESS CITY-ST-ZIP	5211 INT	NAGEMENT CORPOR ERNATIONAL DRIVE) FL 32819		EET ADORESS '-ST-ZIP											
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STREET ADDRESS CITY-ST-ZIP					(-ST-ZIP										

14. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

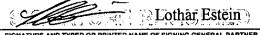
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NAME STREET ADDRESS

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04-08-02

407-354-3307