# 2002 UNIFORM BUSINESS REPORT (UBR)

0018865 AB

DOCUMENT # A97000000246

1. Entity Name

RSQ LIMITED PARTNERSHIP

FILED

02 MAR 22 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1730 RHODE ISLAND AVE NW. S-909<br>WASHINGTON DC 20036 | 1730 RHODE ISLAND AVE NW. S-909<br>WASHINGTON DC 20036 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1400 Colonial Blvd | C/O Strauss & Axelrod |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 1730 Rhode Island Ave NW #909 |
| City & State Fort Myers, Florida | City & State Washington DC |
| Zip Country LEE | Zip 20036 Country |

DUE BY MAY 1, 2002

4. FEI Number 52-2014878 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 N/A DATE
Signature required when adding or changing registered agent. Type or print name of registered agent, if applicable.

Robert A. Axelrod, Pres. Square Mark Inc G.P.

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $2,000,000.00 | | |

**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 | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | F93000005686 | STREET ADDRESS | |
| NAME | SQUARE MARK, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 1730 RHODE ISLAND AVE NW, S-909 | | |
| CITY-ST-ZIP | WASHINGTON DC 20036 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 900005180859--1 |
| NAME | | CITY-ST-ZIP | -04/01/02--01093--005 |
| STREET ADDRESS | | | ****526.25 ****526.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

CR2E003 (9/01)

STAPLE CHECK HERE

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 REQUIRED 3/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #