

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000856



1. Entity Name
SQUARE LAKE PROPERTIES, LTD.

Principal Place of Business
4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS, FL 33418

Mailing Address
4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS, FL 33418



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1119214

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

BRANDT, PHILLIP
4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS, FL 33418

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 _____
 Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
 as Shown on record. **\$1,500,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # **P93000071498**
 NAME **SUNLAND ACQUISITIONS, INC.**
 STREET ADDRESS **4500 PGA BOULEVARD, SUITE 207**
 CITY- ST- ZIP **PALM BEACH GARDENS, FL 33418**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Defining Line #

Judith M. Galui

4-8-04

561/691-9050

STAPLE CHECK HERE