

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000856

1. Entity Name
SQUARE LAKE PROPERTIES, LTD.



FILED
03 MAY -1 PM 6:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MLH

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-1119214

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DIVOSTA, OTTO B
4500 PGA BOULEVARD, SUITE 207
PALM BEACH GARDENS FL 33418

Name Phillip Brandt
Street Address (P.O. Box Number is Not Acceptable)
4500 PGA Blvd
Suite 207
City Palm Beach Gardens FL Zip Code 33418

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 Keep Bdk Phillip Brandt
Signature, typed or printed name of registered agent and title if applicable.

DATE 4/2/03

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

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS 500017835265
CITY-ST-ZIP 05/01/03--01063--008 **526.25

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CITY-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 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 Otto B. DiVosta

4/2/03

561/691-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0012061 AT