2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED May 04, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # A14645 QUARE ASSOCIATES LTD			Secretary of State	
% THE GOOD 777 S. FLAG WEST PALM	e of Business DMAN COMPANY LER DRIVE, SUITE 1101E BEACH, FL 33401	Mailing Address % THE GOODMAN 777 S. FLAGLER D WEST PALM BEACH	RIVE, SUITE 1101E	T TERREN HERT HER HER BUILD BU	
2. Principal Place of Business 3. Mailin		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.		01292004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number Applied For 59-1453879 Not Applied be	
Žip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	Registered Agent		7. Name and Address of New Registered Agent	
SHEWALTER, WILLIAM A % THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH, FL 33401			Name		
			Street Address	is (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
8. The above	named entity submits this statement f	or the purpose of changin	g its registered office or regis	stered agent, or both, in the State of Florida I am familiar with, and accept	
SIGNATURE					
9. Capital Contributions as Shown on record \$5,932,903.00 10. Amount of Capital Contributions in FLORIDA to date 5,93				DATE	
as Shown		in FLORIDA	to date 5,932	2,403	
	NOTE: General Partners M.	AY NOT be changed o	ENTITY MUST BE REGION the form; an amendment	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
DOCUMENT #	GENERAL PARTNE	RINFORMATION	13.	ADDRESS CHANGES ONLY	
NAME	OKEE SQUARE, INC.		STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	777 S. FLAGLER DRIVE W. PALM BEACH, FL 33401		CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITA- 21-516	U00000159676	
DOCUMENT # NAME			STREET ADDRESS	05/10/04-80041-003-535.00	
STREET ADDRESS GITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS City-St-Zip			CITY~SF-ZIP		
DOCUMENT ≱ NAME			STREET ADDRESS		
STREET ADDRESS CHY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADORESS CITY-ST-Z*P		<u> </u>	GITY - ST - ZIP		
Okee	on this report is true and accurate and fer or trustee ampowered to execute the Square, Inc., general pa	this filing does not qualify that my signature shall his report as required by CILICE DY: LICOU	ly for the exemption stated in ave the same legal effect as chapter 620. Florida Statutes man Properties Inc	Section 119.07(3)(i), Florida Statutes I further certify that the information of made under oath, that I am a General Partner of the limited partnership or c., its manager	
SIGNATURE: Lill (Sewell 561-833-37' SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dave Dayline Phone #					