## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28243  1. Entity Name								
APOPKA SQUARE PARTNERS, LTD.						FILED		
Principal Place of Business 200 PASADENA PLACE ORLANDO FL 32803				Mailing Address 200 PASADENA PLACE ORLANDO FL 32803-3828			OO MAR 10 AM 8:31 SECRETARY OF STATE	
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State				City & State			4. FEI Number 65-0117117 Applied For Not Applicable	
Zip	Zip Country			Zip Count		itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name	and Address of Cur	rent Regist	ered Agent	•		7. Name and Address of New Registered Agent	
BRANDON, STEPHEN E 5761 BIRD ROAD MIAMI FL 33155						Street Address (P.D. Box Number is Not Acceptable),  200 Pasa cleva Place  City Clanch  City Clanch		
		<del> </del>				Unlan	<del></del>	
8. The above	named entity	y submits this stateme	ent for the p	urpose of changing its	s register	ed office or register -	ed agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when								
9. Capital Contributions as Shown on record.  \$960.00  10. Amount of Capital Contributions in FLORIDA to date					date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A (	GENERAL PARTN	ER THAT I	S A BUSINESS EN The changed on t	NTITY M	IUST BE REGIST 1: an amendmen	TERED AND ACTIVE WITH THIS OFFICE.  It must be filed to change a general partner.	
12.	11012	GENERAL PAR			13.	,	ADDRESS CHANGES ONLY	
DOCUMENT #		0070 RETAIL PARTNERS			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	5761 BIRD RD. MIAMI FL 33155			CI		'-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		_				′-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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Date								