

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28640**

1. Entity Name

CLEARLAKE SQUARE PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 PM 6:19



DO NOT WRITE IN THIS SPACE

Principal Place of Business %LOTHAR ESTEIN 5211 INTERNATIONAL DR. ORLANDO FL 32819	Mailing Address %LOTHAR ESTEIN 5211 INTERNATIONAL DR. ORLANDO FL 32819-9452
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 65-0129010	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

VEGOSEN, DEAN
500 S. AUSTRALIAN AVE.
10TH FLOOR
WEST PALM BEACH FL 33402-4388

7. Name and Address of New Registered Agent

Name **Lothar Estein**
Street Address **5211 International Drive**
City **Orlando** FL Zip Code **32819**

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.

Lothar Estein, President of General Partner

SIGNATURE DATE **3-30-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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	
DOCUMENT #	K93159
NAME	WELP MANAGEMENT CORPORATION
STREET ADDRESS	500 S. AUSTRALIAN AVE.
CITY - ST - ZIP	WEST PALM BEACH FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	000003213230--0
CITY - ST - ZIP	-04/18/00--01104--008
STREET ADDRESS	****535.00 ****535.00
CITY - ST - ZIP	<i>NYC</i>
CITY - ST - ZIP	<i>4/10</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: **Lothar Estein** **407-354-3307**

SIGNATURE REQUIRED **3-30-00**

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

CR2E003 (9/99)