



**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Feb 28, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A28640</b>			
1. Entity Name CLEARLAKE SQUARE PARTNERS, LTD.			
Principal Place of Business %LOTHAR ESTEIN 5211 INTERNATIONAL DR. ORLANDO, FL 32819		Mailing Address %LOTHAR ESTEIN 5211 INTERNATIONAL DR. ORLANDO, FL 32819	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record		10. Amount of Capital Contributions in FLORIDA to date.	
\$2,000,000.00			
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	K93159	STREET ADDRESS	
NAME	WELP MANAGEMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	5211 INTERNATIONAL DRIVE		
CITY-ST-ZIP	ORLANDO, FL 32819		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #
		2/18/2005	(407) 354-3307



02172005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0129010 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

11. **STAPLE CHECK HERE**

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2005-02-18 08:07:44-021 535.00