

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000842 AV

DOCUMENT # A28640



1. Entity Name
CLEARLAKE SQUARE PARTNERS, LTD.

Wly/g
**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

03 APR -2 PM 12: 30



| | |
|--|--|
| 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 |
|-----|---------|-----|---------|

DUE BY MAY 1, 2003

| | |
|---------------------------------|----------------|
| 4. FEI Number 65-0129010 | Applied For |
| | Not Applicable |

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

6. Name and Address of Current Registered Agent

**ESTEIN, LOTHAR
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 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

| | |
|----------------|------------------------------------|
| DOCUMENT # | K93159 |
| NAME | WELP MANAGEMENT CORPORATION |
| STREET ADDRESS | 5211 INTERNATIONAL DRIVE |
| CITY-ST-ZIP | ORLANDO FL 32819 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|----------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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04/02/03--01059--017 **535.00**

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]* **SIGNATURE REQUIRED** **LOTHAR ESTEIN** **03/28/03** **407-354 3307**

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

CR2E003 (10/02)