


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001790</b> 1. Entity Name BARCLAY SQUARE ASSOCIATES, LTD.	
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Principal Place of Business 1645 S.E. 3RD COURT SUITE 200 DEERFIELD BEACH, FL 33441	Mailing Address 1645 S.E. 3RD COURT SUITE 200 DEERFIELD BEACH, FL 33441
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**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0698816	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  G.P. BARCLAY, INC. 1645 S.E. 3RD COURT SUITE 200 DEERFIELD BEACH, FL 33441
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	P96000077154
NAME	G.P. BARCLAY, INC.
STREET ADDRESS	1645 S.E. 3RD COURT, SUITE 200
CITY-ST-ZIP	DELRAY BEACH, FL 33441
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

U00000730880  
05/08/07-80096-025 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>4-17-07</b> <small>Date</small>	<b>954-420-1001</b> <small>Daytime Phone #</small>
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