

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000489**

1. Entity Name
BURGUNDY SQUARE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 PM 7:01

Principal Place of Business
**225 W. MIAMI AVENUE, SUITE 5
VENICE FL 34285**

Mailing Address
**225 W. MIAMI AVENUE, SUITE 5
VENICE FL 34285-2341**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0735897		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCLAUGHLIN, JAMES M 1011 CASEY KEY ROAD NOKOMIS FL 34275				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				<i>612 Laurel Rd W</i>			
				City <i>NOKomis</i> FL Zip Code <i>34275</i>			

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.

SIGNATURE *James McLaughlin* *James McLaughlin* *2/28/00*
(Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

9. Capital Contributions as Shown on record. \$24,500.00	10. Amount of Capital Contributions in FLORIDA to date. <i>24,500.00</i>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000016184	STREET ADDRESS	
NAME	CRYSTAL GROUP HOLDINGS, INC.	CITY - ST - ZIP	
STREET ADDRESS	225 W. MIAMI AVENUE, SUITE 5		
CITY - ST - ZIP	VENICE FL 34285		
DOCUMENT #		STREET ADDRESS	BK
NAME		CITY - ST - ZIP	
STREET ADDRESS			600003173376--3
CITY - ST - ZIP			-03/17/00--01008--003
DOCUMENT #		STREET ADDRESS	****263.75 ****263.75
NAME		CITY - ST - ZIP	
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NAME		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: *James McLaughlin* **SIGNATURE REQUIRED** *James McLaughlin* *2/28/00* *(941) 486-0048*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)