

2002 UNIFORM BUSINESS REPORT (UBR)

0012841 AT

DOCUMENT # A98000000170

FILED

02 APR -1 PM 12:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1. Entity Name
SQUARE ONE PARTNERS, LTD.

Principal Place of Business
**400 E. LINTON, SUITE G-3
DELRAY BEACH FL 33483**

Mailing Address
**400 E. LINTON, SUITE G-3
DELRAY BEACH FL 33483**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number
65-0808906

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**~~POSTERNACK, CHARLES~~
~~400 E. LINTON, SUITE G-3~~
~~DELRAY BEACH FL 33483~~**

7. Name and Address of New Registered Agent
Name
Charles E. Muller II, Esq.
Street Address (P.O. Box Number is Not Acceptable)
9350 South Dixie Highway
Suite 1550
City
Miami FL Zip Code
33156

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 *Charles E. Muller II* **Charles E. Muller II, Esq.** **3/29/02**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$2,376,000.00**

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 #	P97000055264
NAME	DELRAY HISTORIC, INC.
STREET ADDRESS	400 E. LINTON, SUITE G-3
CITY-ST-ZIP	DELRAY BEACH FL 33483
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	
CITY-ST-ZIP	
STREET ADDRESS	500005195455--5
CITY-ST-ZIP	-04/05/02--01047--016
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/25/2002 **305-676-6770**
Date Daytime Phone #