

2001 UNIFORM BUSINESS REPORT (UBR)

0020864 SP

DOCUMENT # B94000000398			
1. Entity Name 28050 CORPORATE SQUARE ASSOCIATES, LIMITED PARTN			
Principal Place of Business % 330 GARFIELD ST., SUITE 200 SANTA FE NM 87501		Mailing Address % 330 GARFIELD ST., SUITE 200 SANTA FE NM 87501	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3257703	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

FILED
01 JUL 24 AM 8:47
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KIMPTON, WILLIAM J ESQ KIMPTON BURKE & WHITE, P.A. 28059 U.S. HIGHWAY 19 NORTH, SUITE 203 CLEARWATER FL 34621				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,450,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	F94000005145	STREET ADDRESS	
NAME	BGK REALTY, INC,	CITY-ST-ZIP	
STREET ADDRESS	330 GARFIELD STREET, SUITE 200	STREET ADDRESS	500004500295--8
CITY-ST-ZIP	SANTA FE NM 87501	CITY-ST-ZIP	-07/26/01--01072--024
DOCUMENT #		CITY-ST-ZIP	****526.25 ****526.25
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: **4/28/01** Daytime Phone #: **505 992-5100**

CR2E003 (11/00)