


2002 UNIFORM BUSINESS REPORT (UBR)

0021363 SP

DOCUMENT # B94000000398

1. Entity Name
28050 CORPORATE SQUARE ASSOCIATES, LIMITED PARTNERSHIP

FILED
 2002 FEB 26 AM 10:34
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business % 330 GARFIELD ST. SUITE 200 SANTA FE NM 87501	Mailing Address % 330 GARFIELD ST. SUITE 200 SANTA FE NM 87501
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3257703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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

DOCUMENT #	F94000005145
NAME	BGK REALTY, INC.
STREET ADDRESS	330 GARFIELD STREET, SUITE 200
CITY-ST-ZIP	SANTA FE NM 87501

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900005041139--7
CITY-ST-ZIP	-03/04/02--01086--008
STREET ADDRESS	***526.25 ***526.25
CITY-ST-ZIP	
STREET ADDRESS	
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: SIGNATURE REQUIRED *2/2/02* **505 992 5100**

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

CR2E003 (9/01)

STAPLE CHECK HERE