2001	IINIEORM	BUSINESS	DEDART	HIDD
	Oldin Oldin	DO3114E33	MEPONI	lonu

DOCU	IMENT	# A180	03						00016/5 AF
BATTAGLIA PROPERTIES, LTD.					,	FII	LED	; ;	Т
Principal Place of Business 250 PARK AVE SUITE 630 WINTER PARK FL 32789 Mailing Address P.O. BOX 3010 WINTER PARK FL 32790				90		01 APR 2	26 AM II: 47	 	1
2. Principal Place of Business 250 Park Ave. South Suite, Apt. #, etc. Suite, Apt. #, etc.						{			li .
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 630 City & State				DO NOT WRITE IN THIS SPACE			Applied For		
Zip	r Park,	FL Country	Zip	Count	ry	5. Certificate of	59-2153160 of Status Desired	\$8.75 Additional	ble
32789	6. Name	and Address of Curre	nt Registered Agent			7. Name and	Address of New Registe	Fee Required	\dashv
					-Name Ba	ttaglia,			\neg
BATTAGLI	•	TE 630			Street Address	(P.O. Box Number	is Not Acceptable)		
250 PARK AVE., SUITE 630 WINTER PARK FL 32789				City					
8. The above	e named entit	y submits this statement	for the purpose of changing	its registere	Winter P d office or registe			 32789	
SIGNATURE	Signature, typed	or printed name of registered and	w. ? B.A.	NOTE: Registered	Agent signature require	ed when reinstating)	4	8 6 1	
9. Capital Co as Shown	ontributions	\$2,605,000.00	10. Amount of Ca in FLORIDA to		utions			ABLE TO DEPT. OF STATE E FOR FEE INFORMATION	
			THAT IS A BUSINESS I						
12.	1.00001	GENERAL PARTN	ER INFORMATION	13.	1		ADDRESS CHANGES	ONLY	一。
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	250 PARK	A FRUIT CO., INC AVE., SUITE 630 ARK FL 32789	,		ST-ZIP		South, Suite	_630	CR2E003 (11/00)
DOCUMENT #	WHITER P	MRN FL 32/09	•	STREE	Win	ter Park,	FL 32789		
NAME STREET ADDRESS CITY-ST-ZIP	s .				ST-ZIP	9000041925198 -05/10/0101034010			
DOCUMENT #		•	*	STREE	T ADDRESS	- •	****5 <u>2</u> 6.2	5 *****526.25	41
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP		,, ' , e' , ' , ' , ' , ' , ' , ' , ' , 		
DOCUMENT # NAME				STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP ₍				CITY-	ST-ZIP				
DOCUMENT # NAME			١	STREE	T ADORESS			:	
STREET ADDRESS CITY-ST-ZIP)			CITY-	ST- Z†P			\ 	,
Document # Name				STREE	T AODRESS		17.1976.42		
ATREET				CITY-	ST-ZIP			:	
STREET ADDRESS City-St-Zip					l				_
CITY-ST-ZIP 14. I hereby of indicated	on this report	empowered to execute t	ith this filing does not qualify and that my signature shall have this report as required by Charles	ve the same apter 620, FI	legal effect as if r orida Statutes	made under oath; t	hat I am a General Partne	certify that the information er of the limited partnership	or