

2001 UNIFORM BUSINESS REPORT (UBR)

0002626 AF

DOCUMENT # A98000001051					
1. Entity Name BBF, LTD.					
Principal Place of Business 260 WEST PINELOCH STREET ORLANDO FL 32806			Mailing Address PO BOX 568367 ORLANDO FL 32856-8367		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-2949587	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARUSO, JAMES P 260 WEST PINELOCH STREET ORLANDO FL 32806			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. Capital Contributions as Shown on record. \$435,600.00		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			13. ADDRESS CHANGES ONLY		
DOCUMENT # J27489 NAME PINELOCH MANAGEMENT CORPORATION STREET ADDRESS 260 WEST PINELOCH STREET CITY-ST-ZIP ORLANDO FL 32806			STREET ADDRESS _____ CITY-ST-ZIP _____		
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			STREET ADDRESS _____ CITY-ST-ZIP _____		
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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: <i>James P. Caruso</i> JAMES P. CARUSO 2-7-01 407-859-3550					

FILED

01 FEB 16 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)