2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 APR -8 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001051

1. Entity Name

BBF, LTD.

Principal Place of Business	Mailing Address
260 WEST PINELOCH STREET ORLANDO FL 32806	PO BOX 568367 ORLANDO FL 32856-8367

2. Principal Place of Business	3. Mailing Address
102 W PINELOCH ST	
Suite, Apt. #, etc.: SUITE 10	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State
Zip: 32806 Country:	Zip: Country:

DUE BY MAY 1, 2002

4. FEI Number 59-2949587 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARUSO, JAMES P 260 WEST PINELOCH STREET ORLANDO FL 32806	Name Street Address (P.O. Box Number is Not Acceptable): 102 W PINELOCH ST SUITE 10 City: ORLANDO **FL** Zip Code: 32806

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.
$435,600.00		

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 # NAME STREET ADDRESS CITY-ST-ZIP	J27489 PINELOCH MANAGEMENT CORPORATION 260 WEST PINELOCH STREET ORLANDO FL 32806	STREET ADDRESS CITY-ST-ZIP	102 W PINELOCH ST SUITE 10 ORLANDO FL 32806
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: James P. Caruso 3/15/02 407-859-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)