

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 28 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04182005 Chg-LP CR2E003 (10/03)

4. FEI Number 75-2969136 Applied For Not Applicable

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

DOCUMENT # A01000000426

1. Entity Name  
MAITLAND CONCOURSE PHASE II, LTD., LLLP



Principal Place of Business  
300 SOUTH ORANGE AVE.  
SUITE 975  
ORLANDO, FL 32801

Mailing Address  
300 SOUTH ORANGE AVE.  
SUITE 975  
ORLANDO, FL 32801

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
BATTAGLIA, W.P.  
250 PARK AVE. SOUTH SUITE 630  
WINTER PARK, FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,449,336.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,447,676.00

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 #	L01000004730	STREET ADDRESS	
NAME	BPL MAITLAND CONCOURSE PHASE II, LLC	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 3010		
CITY-ST-ZIP	WINTER PARK, FL 327903010		
DOCUMENT #	B01000000108	STREET ADDRESS	
NAME	LINCOLN MAITLAND CONCOURSE II, LTD.	CITY-ST-ZIP	
STREET ADDRESS	300 SOUTH ORANGE AVE.		
CITY-ST-ZIP	ORLANDO, FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: Leigh Ann Everett Leigh Ann Everett 4-26-05 214-740-4440  
ASSISTANT SECRETARY  
Date Daytime Phone #

STAPLE CHECK HERE