

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
May 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000000426 1. Entity Name MAITLAND CONCOURSE PHASE II, LTD., LLLP	
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Principal Place of Business 300 SOUTH ORANGE AVE. SUITE 975 ORLANDO FL 32801	Mailing Address 300 SOUTH ORANGE AVE. SUITE 975 ORLANDO FL 32801
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 75-2969136	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BATTAGLIA, W.P. 250 PARK AVE. SOUTH SUITE 630 WINTER PARK FL 32789
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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 into it applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 32790-3010		
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			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

1100000542162
05/10/06-80086-012 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**
Assistant Secretary 4-24-06 214-740-4440

STAPLE CHECK HERE