

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000426

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



FILED

03 APR 29 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **APPLIED FOR**
75-2969136

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BATTAGLIA, W.P.
250 PARK AVE. SOUTH SUITE 630
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$1,400,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **1,449,336**

11. MAKE CHECK PAYABLE TO FL. 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 # **L01000004730**
NAME **BPL MAITLAND CONCOURSE PHASE II, LLC**
STREET ADDRESS **P.O. BOX 3010**
CITY-ST-ZIP **WINTER PARK FL 32790-3010**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **B01000000108**
NAME **LINCOLN MAITLAND CONCOURSE II, LTD.**
STREET ADDRESS **300 SOUTH ORANGE AVE.**
CITY-ST-ZIP **ORLANDO FL 32801**

STREET ADDRESS

CITY-ST-ZIP

100017333011
04/29/03--01095--010 **\$26.25

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Leigh Ann Everett
Assistant Secretary

4/24/03

214-740-4440

Date

Daytime Phone #

CR2E003 (10/02)