## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## **DOCUMENT # A96000001142**

1. Entity Name

BT ORLANDO LIMITED PARTNERSHIP



FILED Feb 21, 2007 08:00 AM Secretary of State

Principal Place of Business

100 PEABODY PLACE SUITE 1400 MEMPHIS, TN 38103 Mailing Address

100 PEABODY PLACE SUITE 1400 MEMPHIS, TN 38103



DO NOT WRITE IN THIS SPACE

01162007 No Chg-LP CR2E003 (12/06)

4. FEI Number 62-1706591 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

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.	03/01/07-80057-010-500.00
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00		
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	
DOCUMENT #	F96000003054	
NAME	BEF, INC.	
STREET ADDRESS	100 PEABODY PLACE SUITE 1400	
CITY-ST-ZIP	MEMPHIS, TN 38103	
DOCUMENT #		
NAME STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT /		
NAME		
STREET ADDRESS		DO NOT WRITE
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CITY-SI-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY OF 710		

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:

CHECK HERE

STAPLE (

DOCUMENT /
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jimmie D. Williams

2-1-07

901-767-47

Daytime Phone #