


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000001170 1. Entity Name MAITLAND CONCOURSE, LTD.	
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FILED
 06 MAY -1 AM 9:38
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 250 SOUTH PARK AVENUE, SUITE 630 WINTER PARK, FL 32789	Mailing Address PO BOX 3010 WINTER PARK, FL 32790-3010
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2. Principal Place of Business 250 Park Avenue South Suite, Apt. #, etc. Suite 630	3. Mailing Address Suite, Apt. #, etc. City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789	Country	Zip Country



04122006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3450707	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BATTAGLIA, W P 250 SOUTH PARK AVENUE, SUITE 630 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 250 Park Avenue South Suite 630 City Winter Park FL Zip Code 32789
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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 W P Battaglia DATE 04/24/06
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP P97000046639 BPL MAITLAND CONCOURSE, INC. PO BOX 3010 WINTER PARK, FL 327903010	STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP

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 05/15/06--01048--001 **500.00

STAPLE CHECK HERE

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: W P Battaglia DATE 04/24/06 407 622 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #