

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002765**



1. Entity Name  
**BDC MARKHAM, LTD.**

**FILED**  
**03 APR 22 AM 8:47**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**BJH**

Principal Place of Business  
**401 WEST COLONIAL DRIVE, SUITE 7  
ORLANDO FL 32804**

Mailing Address  
**401 WEST COLONIAL DRIVE, SUITE 7  
ORLANDO FL 32804**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3494405**

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

**MACARTHUR, WILLIAM H  
401 WEST COLONIAL DRIVE, SUITE 7  
ORLANDO FL 32804**

Name

Street Address (P.O. Box Number is Not Acceptable)

**800016673878**

**04/22/03--01069--002 \*\*526.25**

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.

**\$2,767,372.12**

10. Amount of Capital Contributions  
in FLORIDA to date.

**2245,253.19**

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 # **P97000106388**  
NAME **BDC MARKHAM, INC.**  
STREET ADDRESS **401 WEST COLONIAL DRIVE, SUITE 7**  
CITY-ST-ZIP **ORLANDO FL 32804**

STREET ADDRESS

CITY-ST-ZIP

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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:

**ASSISTANT SECRETARY OF STATE  
BDC MARKHAM, INC. GP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/4/03**

Date

**407-425-8276**

Daytime Phone #

CR2E003 (10/02)

0006344 AT

STAPLE CHECK HERE