200	1 UNI	FORM I	BUSIN	ESS REP	ORT	(UBR)					
DOCU 1. Entity Nan		# <b>A</b> 9	90000	000242	KUq	2977					
MAITLAN	ID CONCOL	JRSE PHASE I	I, LTD.			•		FILED			
Principal Place of Business Mailing Address ///						··-	- 01	01 MAY 18 AM 11: 29			
255 SOUTH ORANGE AVENUE, SUITE 905 255 SOUTH ORANGE AVEN						UITE 905					
ORLANDO FL 32801 ORLANDO FL 32801							SEC TALI	RETARY OF STA	TE	1010 1101 8486 1101 1886	
2. Principal Place of Business 3. Mailing Address P.o. Box						120		OHÓ TENIO COTA OBATA ERITA OTRA		<b>Ealis</b> 11011 (1015 1101 (1961	
Suite, Apt. #, etc. Suite, Apt. #,							DO NOT WRITE IN THIS SPACE				
City & State				City & State		X	4. FEI Number 75 – 2803079 Applied For Not Applicable				
Zip	p Country			<sup>Zip</sup> 75221	Cou	ntry	5. Certificate of	of Status Desired		3.75 Additional Be Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
BATTAGLIA, W P 100 LINCOLN AVENUE						Street Addres	s (P.O. Box Number	is Not Acceptable)		Ì	
WINTER PARK FL 32789									***		
						City	. FL Zip Code				
SIGNATURE .  9. Capital Co	Signature, typed	or printed name of regis	stered agent and title		OTE: Register	ed Agent signature requi	red when reinstating)	, in the State of Florida.	date YABLE TO	D DEPT. OF STATE	
as Shown	AC	\$2,147,3 SENERAL PAF	RTNER THAT	IS A BUSINESS E	ENTITY N	JUST BE REGI	STERED AND A	CTIVE WITH THIS OF	FICE.	FEE INFORMATION	
12.	NOTE:		PARTNER INFO		the form	<del></del>	ent must be filed	to change a general ADDRESS CHANGE			
DOCUMENT #	L9900000719 BPL MATLAND CONCOURSE PHASE I, LI P.O. BOX 3010					EET ADDRESS			<u> : : - : : : : : : : :</u>	-	
				,	СІТ	r-ST-ZIP				40	
DOCUMENT #	WINTER PARK FL 32790-3010				-	300004418943 -06/14/0101009007				19007	
NAME	B9900000058 LINCOLN PROPERTY COMPANY NO. 2363, LTD. 255 SOUTH ORANGE AVENUE, SUITE 905 ORLANDO FL 32801					EET ADDRESS		****526.2	25 *	***526.25	
STREET ADDRESS						Y-ST-ZIP					
DOCUMENT # NAME		•			STF	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					СІТ	Y-ST-ZIP					
DOCUMENT #					STF	EET ADDRESS					
STREET ADDRESS	1				СІТ	Y-ST-ZIP	<u> </u>				
DOCUMENT #					STR	EET ADDRESS			_		
STREET ADDRESS CITY-ST-ZIP					cir	r-ST-ZIP	<del></del>	<del></del>			
DOCUMENT #			<del></del> -		STR	EET ADDRESS					
STREET ADDRESS City-St-Zip					CIT	r-st-zip		·····			
14 I boroby o	ertify that the	information sup t is true and accu	plied with this f urate and that n	iling does not qualify ny signature shall hav	for the exerce the same	emption stated in e legal effect as i	Section 119.07(3)(i) made under oath;	, Florida Statutes. I furth that I am a General Parti	er certify ner of the	that the information e limited partnership or	

SIGNATURE:

Leigh Ann Everett, Asst. Secretary

4-10-2001

Date

214-740-4440

Daytime Phone #