2002:UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000242 KT_ 92917 1. Entity Name MAITLAND CONCOURSE PHASE I, LTD.						FILED		
						02 APR 26 PM 2: 39		
Principal Place of Business Mailing Address 255 SOUTH ORANGE AVENUE. SUITE 905 P.O. BOX 1920 ORLANDO FL 32801 DALLAS TX 75221							SECRETARY OF STATE TALLAHASSEE, FLORIDA	
			,					
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State				City & State			4. FEI Number 75-2803079 Applied For Not Applicable	
Zip	Zip Country			Zip Coun		itry	5. Certificate of Status Desired S8.75 Additional Fee Required	İ
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent	
BATTAGLIA, W P								
100 LINCOLN AVENUE						Street Address (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32789								
						City	FL Zip Code	
8. The above	named entity	y submits this statement fo	r the p	ourpose of changing its	register	ed office or register	red agent, or both, in the State of Florida.	: Í
SIGNATURE .	Signature, typed	or printed name of registered agent	and title	if applicable.		·	DATE	
9. Capital Contributions as Shown on record. \$2,147,312.50 in FLORIDA to date					ate.	4443	312.50 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A C NOTE:	SENERAL PARTNER T General Partners MA	HAT Y NC	IS A BUSINESS EN OT be changed on ti	ITITY M he form	IÚST BE REĞIST n; an amendmen	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION DOCUMENT # L99000000719						1	ADDRESS CHANGES ONLY	₽
NAME	BPL MAITLAND CONCOURSE PHASE I, LLC				STRE	ET ADDRESS		0/6)
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		CR2E003 (9/01)
DOCUMENT # NAME	B9900000058 LINCOLN PROPERTY COMPANY NO. 2363, LTD.				STRE	ET ADDRESS	4000054500141	SR CR CR
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP	-05/03/0201053017 ****526.25 *****526.25	
DOCUMENT #					STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		
DOC€MENT # NAME					STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP		
14. I hereby of indicated the receiv	certify that the on this repor ver or trustee	e information supplied with t is true and accurate and empowered to execute this	this fil that m s repo	ling does not qualify for ny signature shall have t nt as required by Chap	the exer the same e 620, f	e legal effect as if m Florida Statutes Lie	ction 119.07(3)(i), Florida Statutes. I further certify that the information hade under eath; that I am a General Partner of the limited partnership or Pigh Ann Everett 4//// (214) 740 AAM	
SIGNAT	URE: _	SIGNATURE AND TYPED OR	PRINTE	D NAME OF SIGNING GENERA	AL PARTNE		Page Secretary 4/10/02 (214) 749-4440-	