ADOOJUNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # B9800000522 1. Entity Name /						
FBEC - MAITLAND COLONNADES, L.P.				FILED		
Principal Place of Business Mailing Address				00 MAY -2 PM 4: 58		
200 EAST RANDOLPH DRIVE, SUITE 4300 200 EAST RANDOLPH DRIV		VE. SUITE 4300				
CHICAGO IL 60601 CHICAGO IL 60601-6519			SEGRETARY: OF STATE TALEAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address		; (00;131)010 (011) 00;1) 00;1) 00;1) 00;1) 00;1) 00;1) 00;1) 01;1) 01;1) 01;1) 01;1) 01;1) 01;1) 01;1) 01;1)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
			Name			
C T CORPORATION SYSTEM			Street A	Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD						
PLANTATION FL 33324			City	Zip Code		
				Fb		
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.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)				ature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE		
as Shown on record. 13, 273, 830.00 in FLORIDA to date \$7.3, 273, 830.00 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#	M98000000916		STREET ADDRESS			
NAME STREET ADDRESS	MAITLAND COLONNADES - FBEC, L.L.C. 200 EAST RANDOLPH DRIVE, SUITE 4300					
CITY-ST-ZIP	CHICAGO IL 60601		CITY-ST-ZIP	FF \$526.25		
DOCUMENT#		-	STREET ADDRESS			
STREET ADORESS CITY-ST-ZIP			CITY-ST-ZIP	5000032477155		
DOCUMENT#	•		STREET ADDRESS	****526.25 *****526.25		
STREET ADDRESS City-St-ZIP			CTTY-ST-ZIP			
DOCUMENT#			STREET ADDRESS	\bigcap //		
NAME STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP			
DOCUMENT#			STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP			CATY-ST-ZEP	V		
DOCUMENT#		<u> </u>	STREET ADDRESS			
NAME ; STREET ADDRESS			am, ar 30			

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

The Company Control

SIGNATURE:

SIGNATURE:

1.14.00 3/2.228.2050

CITY-ST-ZIP

SIGNATURE: