

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90578 019 \*\*\*\*50.00

**DOCUMENT # L01000004730**

1. Entity Name

**BPL MATLAND CONCOURSE PHASE II, LLC**



Principal Place of Business

**250 PARK AVE., SOUTH  
SUITE 630  
WINTER PARK FL 32789**

Mailing Address

**P.O. BOX 3010  
WINTER PARK FL 32790-3010**

2. Principal Place of Business

**250 South Park Avenue**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 630**

City & State

**Winter Park, FL**

City & State

Zip

**32789**

Country

**US**

Zip

Country

4. FEI Number

**59-3710837**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BATTAGLIA, W.P.  
250 PARK AVE., SOUTH  
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 South Park Avenue  
Suite 630**

City

**Winter Park**

FL

Zip Code

**32789**

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.

**(ADDRESS CORRECTION)**

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/29/03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
BATTAGLIA, W.P.  
P.O. BOX 3010  
WINTER PARK FL 32790-3010**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**04/29/03**

**407-622-1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)