


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90009 034 \*\*\*\*50.00

<b>DOCUMENT # L99000000719</b> 1. Entity Name <b>BPL MAITLAND CONCOURSE PHASE I, LLC</b>					
Principal Place of Business <b>250 PARK AVE. S., SUITE 630 WINTER PARK, FL 32789</b>			Mailing Address <b>P.O. BOX 3010 WINTER PARK, FL 32790-3010</b>		
2. Principal Place of Business <b>250 Park Avenue South</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 630</b>		Suite, Apt. #, etc.			
City & State <b>Winter Park, FL</b>		City & State			
Zip <b>32789</b>	Country	Zip	Country	4. FEI Number <b>59-3556599</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BATTAGLIA, W.P. 250 PARK AVE. S., SUITE 630 WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>250 Park Avenue South</b> <b>Suite 630</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>		
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 <u>W.P. Battaglia</u> (NOTE: Registered Agent signature required when reinstating) <u>04/24/06</u> DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BATTAGLIA, W.P. P.O. BOX 3010 WINTER PARK, FL 327903010 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>W.P. Battaglia</u> W.P. Battaglia <u>04/24/06</u> 407-622-1700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					