## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## May 05, 2003 8:00 am Secretary of State DOCUMENT # L9900000719 05-05-2003 90088 050 \*\*\*\*50.00 BPL MAITLAND CONCOURSE PHASE I, LLC Principal Place of Business Mailing Address P.O. BOX 3010 250 PARK AVE. S., SUITE 630 WINTER PARK FL 32789 WINTER PARK FL 32790-3010 2. Principal Place of Business 3. Mailing Address 250 South Park Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. TO CHECK HERE IF MAKING CHANGES Suite 630 City & State Applied For City & State 4. FEI Number 59-3556599 Winter Park, FL Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 32789 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATTAGLIA, W.P. Street Address (P.O. Box Number is Not Acceptable) 250 PARK AVE. S., SUITE 630 250 South Park Avenue WINTER PARK FL 32789 Suite 630 Zip Code Winter Park 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGR TITLE Detete TITLE ☐-Change ☐ Addition BATTAGLIA, W.P. NAME NAME P.O. BOX 3010 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32790-3010 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME

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.

TITLE

NAME

STREET ADDRESS CITY-\$T-ZIP

STREET ADDRESS

OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

Delete

☐ Change

Addition