

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

1. Name of Limited Partnership BELLEVIEW ASSOCIATES, LTD.	1a. DOCUMENT # A09962 <i>98-AR/WS</i> <i>CM</i>
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Mailing Address 2424 ENTERPRISE ROAD SUITE G CLEARWATER FL-34623	Principal Office Address 2424 ENTERPRISE ROAD SUITE G CLEARWATER FL-34623	3. Date Formed or Registered 01/23/1981	5a. Capital Contributions as Shown on record. \$234,600.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 10/30/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$234,600.00
		4. State or Country of Formation FL	
		6. FEI Number 59-2054280	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent FLYNN, THOMAS F 2424 ENTERPRISE ROAD SUITE G CLEARWATER FL-34623	10. If changed, new Registered Agent/Off co Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 33763
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10a. Pursuant to the provisions of sections 620.106-1 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
FLYNN, THOMAS F.	2769 WESTCHESTER DR.S	CLEARWATER FL	
RUTENBERG, ARTHUR	400 GULF BOULEVARD	BELLEAIR SHORES FL	
TIBMA, DAVID G.	126 VIA ALICIA	SANTA BARBARA CA	

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****550.00 ****550.00

CR2E03 (6/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Thomas F. Flynn*
Thomas F. Flynn

DATE 9/22/97

Daytime Telephone Number 813-797-0098